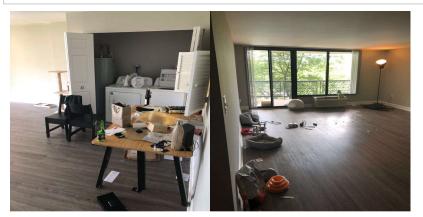


## **Move Out Inventory & Condition Form**

| Inspection Date | Technician  | Property          | Units  |
|-----------------|-------------|-------------------|--------|
| 07-20-2020      | Josh Kozich | Towers at Wyncote | 0726-1 |

| Resident Name                | Peng Lingshen |
|------------------------------|---------------|
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | Not Available |

| LIVING ROOM:       |        |
|--------------------|--------|
| Walls / Outlets:   | Ok     |
| Ceilings / Lights: | Ok     |
| Window:            | Ok     |
| Door / Closet:     | Ok     |
| Window coverings:  | Ok     |
| Other:             | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Clean  |



| DINING ROOM:       |    |
|--------------------|----|
| Walls / Outlets:   | Ok |
| Ceilings / Lights: | Ok |
| Window:            | Ok |

| Window coverings: | Ok     |
|-------------------|--------|
| KITCHEN:          |        |
| Electric Meter:   | Ok     |
| Cabinets:         | Ok     |
| Cabinet Door:     | Ok     |
| Cabinet Shelf:    | Ok     |
| Cabinet Handle:   | Ok     |
| Counter Top:      | Not Ok |
| Charges Type      | Clean  |
| Charges           |        |
| Comment           | Clean  |



| Refrigerator (Freezer):             | Ok     |
|-------------------------------------|--------|
| Refrigerator (Shelf and Bars):      | Ok     |
| Refrigerator (Drawers):             | Ok     |
| Refrigerator Crisper Glass/Plastic: | Ok     |
| Cleaning Refrigerator:              | Not Ok |
| Charges Type                        | Clean  |
| Charges                             |        |
| Comment                             | Clean  |



| Dishwasher Rack:              | Ok     |
|-------------------------------|--------|
| Dishwasher Silverware Holder: | Ok     |
| Dishwasher Knob:              | Ok     |
| Fire Stops:                   | Ok     |
| Formica/Tiles:                | Ok     |
| Stove Knob:                   | Ok     |
| Microwave:                    | Ok     |
| Cleaning of Stove:            | Not Ok |
| Charges Type                  | Clean  |
| Charges                       |        |
| Comment                       | Clean  |



| Ceiling Lights:   | Ok     |
|-------------------|--------|
| Garbage Disposal: | Ok     |
| Rubber Stopper:   | Ok     |
| Oven Door Handle: | Ok     |
| Oven Racks:       | Ok     |
| Kitchen Sink:     | Ok     |
| Faucet Knobs:     | Ok     |
| Floors:           | Not Ok |
| Charges Type      | Clean  |
| Charges           |        |
| Comment           | Clean  |



| Faucet:                | Ok     |
|------------------------|--------|
| Drip Pan:              | Ok     |
| Range Hood:            | Ok     |
| Range Top:             | Ok     |
| Ceiling Light Fixture: | Ok     |
| Backsplash:            | Ok     |
| Ceiling Fan:           | Ok     |
| Washer/Dryer:          | Ok     |
| Wall Outlets:          | Ok     |
| Window Coverings:      | Ok     |
| Other:                 | Ok     |
| BEDROOMS:              |        |
| Walls / Outlets:       | Ok     |
| Ceilings / Lights:     | Ok     |
| Floors / Carpet:       | Ok     |
| Window:                | Ok     |
| Window coverings:      | Ok     |
| Door / Closet:         | Ok     |
| Other:                 | Not Ok |
| Charges Type           | Clean  |
| Charges                |        |
| Comment                | Clean  |



| BATHROOM:            |        |
|----------------------|--------|
| Medicine Cabinet:    | Ok     |
| Mirror Cabinet:      | Ok     |
| Vanity Cabinet:      | Ok     |
| Sink:                | Ok     |
| Toilet Tank Cover:   | Ok     |
| Toilet Tank:         | Ok     |
| Toilet Bowl:         | Ok     |
| Complete Toilet:     | Ok     |
| Toilet Paper Holder: | Ok     |
| Shower Head:         | Ok     |
| Tub Knob(s):         | Ok     |
| Shower Curtain Bar:  | Ok     |
| Towel Bar:           | Ok     |
| Tub Reglazing:       | Ok     |
| Counter Top:         | Not Ok |
| Charges Type         | Clean  |
| Charges              |        |
| Comment              | Clean  |



| Soap Dish (Sink):       | Ok     |
|-------------------------|--------|
| Soad Dish (Tub):        | Ok     |
| Remove Mildew on Tiles: | Ok     |
| Cleaning Bathroom:      | Not Ok |
| Charges Type            | Clean  |
| Charges                 |        |
| Comment                 | Clean  |



| Wall Outlets:   | Ok |
|---|----|
| Ceiling Lights:   | Ok |
| Floors:   | Ok |
| Formica /Tile:  | Ok |
| Cabinets / Mirror:  | Ok |
| Window:   | Ok |
| Other:  | Ok |
| Is there signs of moisture from outside in the apartment?:                | Ok |
| LOCKS:  |    |
| Door Lock:  | Ok |
| Door Knob:  | Ok |
| Fix Door when extra lock is removed:                                      | Ok |
| Mail-Box Lock:  | Ok |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok |
| KEYS:   |    |
| Failure To Return Apartment Key:  | Ok |
| Failure To Return Mailbox Key:  | Ok |
| DOORS:  |    |
| Apartment Door:   | Ok |

| Solid Core & Steel:             | Ok |
|---------------------------------|----|
| Frame:                          | Ok |
| Hollow:                         | Ok |
| PAINTING:                       |    |
| Over Dark Colors (Per Room):    | Ok |
| Holes in Walls (Each Hole):     | Ok |
| Wallpaper Removal (Per Room):   | Ok |
| Border Removal (Per Room):      | Ok |
| CARPET:                         |    |
| Shampoo 1 Bedroom:              | Ok |
| Shampoo 2 Bedroom:              | Ok |
| Stain Removal:                  | Ok |
| Burns:                          | Ok |
| Deodorize:                      | Ok |
| Pet Treatment (Odor):           | Ok |
| Replace Carpet 1 Bedroom:       | Ok |
| Replace Carpet 2 Bedroom:       | Ok |
| MISCELLANEOUS:                  |    |
| Remove Debris (Per Bag):        | Ok |
| Removal Of Bulk Items:          | Ok |
| Clear Storage Locker:           | Ok |
| Closet Shelves:                 | Ok |
| Window Sills:                   | Ok |
| Window Screen(s) each:          | Ok |
| Broken Window Glass (Per Pane): | Ok |
| Mini Blind(s) each:             | Ok |
| Vertical Blinds:                | Ok |
| Sliding Mirror/Glass Door (2):  | Ok |
| Carbon Monoxide Detector:       | Ok |
| Smoke Detector Alarm:           | Ok |
| Fire extinguisher:              | Ok |
| Cabinet Equipment:              | Ok |
| Vinly Tile Kitchen:             | Ok |
| Vinly Tile Bathroom:            | Ok |

| Exhaust Fan:   | Ok |
|--|----|
| Phone Jack:  | Ok |
| Fan Blades:  | Ok |
| Light Globes:  | Ok |
| Door Intercom System:  | Ok |
| Switch Plate Covers:   | Ok |
| Rallings:  | Ok |
| Outside Lights:  | Ok |
| Stoppage by foreign object in any drain:   | Ok |
| Thermostat Cover:  | Ok |
| Cleaning of Apartment:   | Ok |
| Common Area damaged during moveout:  | Ok |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok |
| OVERALL:   |    |
| Signs of Moisture inside the apartment:  | Ok |
| Signs of Moisture outside the apartment:   | Ok |
| Resident   |    |

| Lindy Community Representative Name | Josh Kozich |
|-------------------------------------|-------------|
|-------------------------------------|-------------|

PA

| Technician Josh Ko |
|--------------------|
|--------------------|

| Resident not available for signature | NO |  |
|--------------------------------------|----|--|
| Resident refused Signature           | NO |  |