

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

| Inspection Date | Technician      | Property             | Units |
|-----------------|-----------------|----------------------|-------|
| 07-23-2025      | William Steever | Warrington Crossings | 003   |

| Resident Name   | Fredy Garcia  |
|---|---------------|
| Forwarding Mailing Address  | Not Available |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | Jul-21-2025   |

| LIVING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Other:             | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

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

| KITCHEN:    |    |
|-------------|----|
| Backsplash: | Ok |

| Cabinets:     |                |
|---------------|----------------|
| Cabinet Door: | Not Ok         |
| Charges Type  | Replace        |
| Charges       |                |
| Comment       | Drawer damaged |



| Cabinets:       |    |
|-----------------|----|
| Cabinet Handle: | Ok |

| Cabinets:  |    |          |
|--|----|----------|
| Cabinet Shelf:                                     |    | Ok       |
| Ceiling Fan:                                       |    | (        |
| Ceiling Light Fixture:                             | Ok | <        |
| Ceiling Lights:                                    | Ok | (        |
| Cleaning of Stove:                                 | Ok | (        |
| Counter Top:                                       | Ok | (        |
| Dishwasher:  | Ok | (        |
| Drip Pan:  | Ok | <        |
| Electric Meter:                                    | Ok | (        |
| Faucet:  | Ok | (        |
| Faucet Knobs:                                      | Ok | <        |
| Floors:  | Ok | (        |
| Formica/Tiles:                                     | Ok | <        |
| Garbage Disposal:                                  | Ok | (        |
| Is there a FireAvert red box, plug, and solenoid?: | Ok | (        |
| Date of Installation                               | 20 | 25-07-23 |
| Kitchen Sink:                                      | Ok | <        |

| Microwave:              | Ok |
|-------------------------|----|
| Other:                  | Ok |
| Oven / Range:           | Ok |
| Oven Door Handle:       | Ok |
| Oven Racks:             | Ok |
| Range Top:              | Ok |
| Refrigerator (Freezer): | Ok |
| Rubber Stopper:         | Ok |
| Stove Knob:             | Ok |
| Wall Outlets:           | Ok |
| Washer/Dryer:           | Ok |
| Window Coverings:       | Ok |

| BEDROOMS:          |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Floors / Carpet:   | Ok |
| Other:             | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

| BATHROOM:  |         |
|--|---------|
| Cabinets / Mirror:   | Ok      |
| Ceiling Lights:  | Ok      |
| Cleaning Bathroom:   | Ok      |
| Complete Toilet:   | Ok      |
| Counter Top:   | Ok      |
| Floors:  | Ok      |
| Formica /Tile:   | Ok      |
| Is there signs of moisture from outside in the apartment?: | Ok      |
| Medicine Cabinet:  | Not Ok  |
| Charges Type   | Replace |
| Charges  |         |

Hall bathroom damaged

## Comment



| Mirror Cabinet:         | Ok |
|-------------------------|----|
| Other:                  | Ok |
| Remove Mildew on Tiles: | Ok |
| Shower Curtain Bar:     | Ok |
| Shower Head:            | Ok |
| Sink:                   | Ok |
| Soad Dish (Tub):        | Ok |
| Soap Dish (Sink):       | Ok |
| Toilet Paper Holder:    | Ok |
| Toilet Tank:            | Ok |
| Towel Bar:              | Ok |
| Tub Knob(s):            | Ok |
| Tub Reglazing:          | Ok |
| Vanity Cabinet:         | Ok |
| Wall Outlets:           | Ok |
| Window:                 | Ok |

| LOCKS:  |    |
|---|----|
| Door Knob:  | Ok |
| Door Lock:  | Ok |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok |
| Fix Door when extra lock is removed:                                      | Ok |
| Mail-Box Lock:  | Ok |

| KEYS:                            |    |
|----------------------------------|----|
| Failure To Return Apartment Key: | Ok |

| Failure To Return | Mailbox Key: |
|-------------------|--------------|
|-------------------|--------------|

| DOORS:                               |  |
|--------------------------------------|--|
| Apartment Door:                      | Ok                                       |
| Apartment Door closes automatically: | Ok                                       |
| Frame:                               | Ok                                       |
| Hollow:                              | Not Ok                                   |
| Charges Type                         | Replace                                  |
| Charges                              |  |
| Comment                              | Bifold in hall and first bedroom damaged |



| Solid Core & Steel: | Ok |
|---------------------|----|

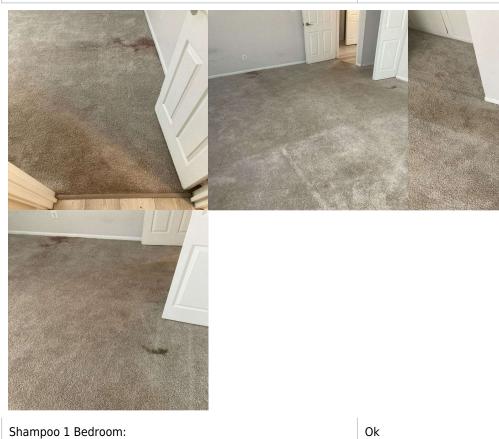
| PAINTING:                     |    |
|-------------------------------|----|
| Border Removal (Per Room):    | Ok |
| Holes in Walls (Each Hole):   | Ok |
| Over Dark Colors (Per Room):  | Ok |
| Wallpaper Removal (Per Room): | Ok |

| CARPET:                   |   |
|---------------------------|---|
| Burns:                    | Ok                                      |
| Deodorize:                | Ok                                      |
| Pet Treatment (Odor):     | Ok                                      |
| Replace Carpet 1 Bedroom: | Not Ok                                  |
| Charges Type              | Replace                                 |
| Charges                   |   |
| Comment                   | Hall bedroom stained and worn out. Bugs |





| Replace Carpet 2 Bedroom: | Not Ok                               |
|---------------------------|--------------------------------------|
| Charges Type              | Replace                              |
| Charges                   |                                      |
| Comment                   | Master bedroom worn out and stained. |



| Shampoo 2 Bedroom: | Ok |  |
|--------------------|----|--|
| Stain Removal:     | Ok |  |

| MISCELLANEOUS:   |           |
|--|-----------|
| Broken Window Glass (Per Pane):  | Ok        |
| Cabinet Equipment:   | Ok        |
| Carbon Monoxide Detector:  | Ok        |
| Cleaning of Apartment:   | Ok        |
| Clear Storage Locker:  | Ok        |
| Closet Shelves:  | Ok        |
| Common Area damaged during moveout:  | Ok        |
| Door Intercom System:  | Ok        |
| Exhaust Fan:   | Ok        |
| Fan Blades:  | Ok        |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok        |
| Comment  | Installed |
| If there are sprinkler heads, are they painted?:   | N/A       |
| If there are sprinklers, are the sprinkler pipes painted?:                                   | N/A       |
| Light Globes:  | Ok        |
| Mini Blind(s) each:  | Ok        |
| Outside Lights:  | Ok        |
| Phone Jack:  | Ok        |
| Rallings:  | Ok        |
| Removal Of Bulk Items:   | Ok        |
| Remove Debris (Per Bag):   | Ok        |
| Sliding Mirror/Glass Door (2):   | Ok        |
| Smoke Detector Alarm:  | Ok        |
| Stoppage by foreign object in any drain:   | Ok        |
| Switch Plate Covers:   | Ok        |
| Thermostat Cover:  | Ok        |
| Vertical Blinds:   | Ok        |
| Vinly Tile Bathroom:   | Ok        |
| Vinly Tile Kitchen:  | Ok        |
| Was personal property left behind?:  | No        |

| Charges Type                  |        |
|-------------------------------|--------|
| Charges                       | 0      |
| Was the resident locked out?: | Not Ok |
| Charges Type                  |        |
| Charges                       | 0      |
| Window Screen(s) each:        | Ok     |
| Window Sills:                 | Ok     |

| OVERALL:                                 |    |
|--|----|
| Signs of Moisture inside the apartment:  | Ok |
| Signs of Moisture outside the apartment: | Ok |

|--|

| Lindy Community Representative Name | William Steever |
|-------------------------------------|-----------------|
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| Technician                           | William Steever |
|--------------------------------------|-----------------|
| Resident not available for signature | YES             |
| Resident refused Signature           | NO              |