



# Move Out Inventory & Condition Form

| Inspection Date | Technician      | Property             | Units |
|-----------------|-----------------|----------------------|-------|
| 07-23-2025      | William Steever | Warrington Crossings | N11   |

|                                                                                 |                  |
|---------------------------------------------------------------------------------|------------------|
| Resident Name                                                                   | Janice Tieperman |
| Forwarding Mailing Address                                                      | Not Available    |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | Jul-23-2025      |

| 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:              | Ok |
| Ceiling Fan:           | Ok |
| 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                               | 2025-07-23 |
| Kitchen Sink:                                      | Ok         |
| Microwave:                                         | Ok         |
| Other:                                             | Ok         |

| Oven / Range:  |             |
|----------------|-------------|
| Oven Cleaning: | Not Ok      |
| Charges Type   | Clean       |
| Charges        |             |
| Comment        | Not cleaned |



| Oven / Range:     |    |
|-------------------|----|
| Oven door handle: | Ok |

| Oven / Range:  |    |
|----------------|----|
| Oven drip pan: | Ok |

| Oven / Range: |    |
|---------------|----|
| Oven knobs:   | Ok |

|                         |    |
|-------------------------|----|
| <b>Oven / Range:</b>    |    |
| Oven Racks:             | Ok |
| <b>Oven / Range:</b>    |    |
| Range burners:          | Ok |
| <b>Oven / Range:</b>    |    |
| Range Hood:             | 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 |

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

|                    |    |
|--------------------|----|
| <b>BATHROOM:</b>   |    |
| 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:                                          | Ok |
| 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 |

| <b>LOCKS:</b>                                                             |    |
|---------------------------------------------------------------------------|----|
| 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 |

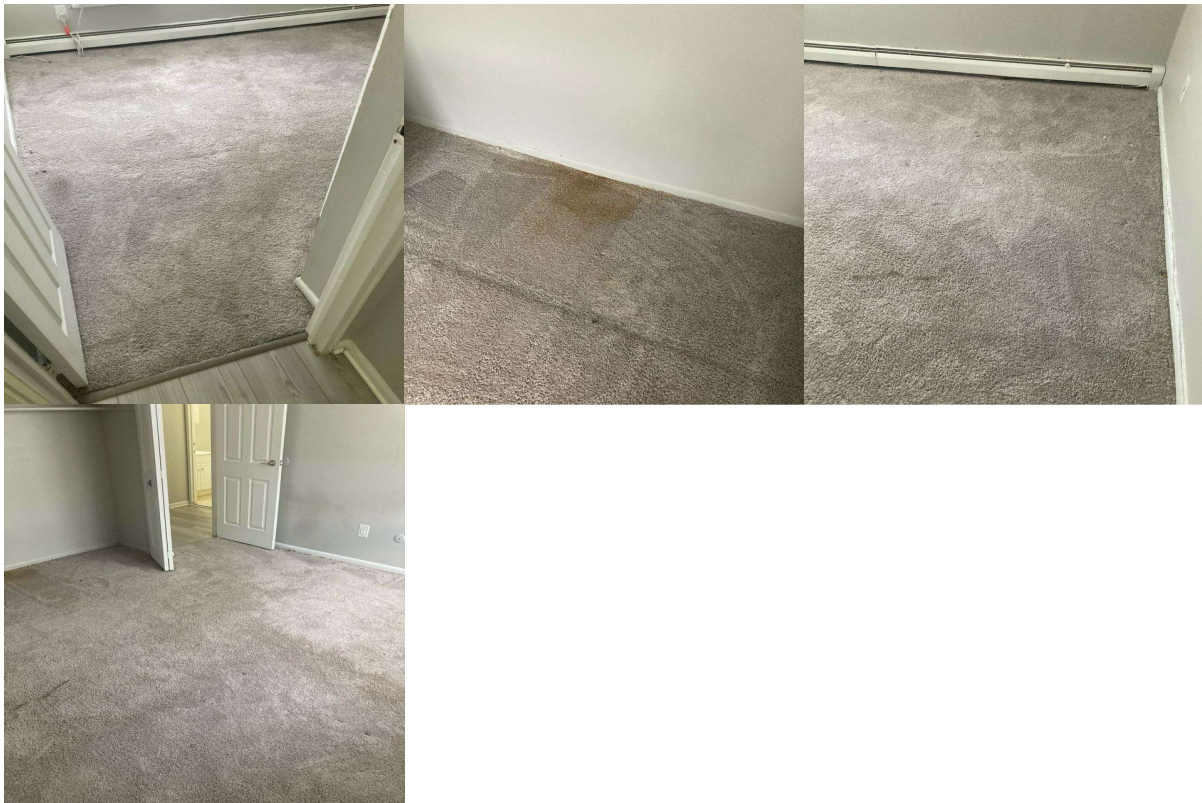
| <b>KEYS:</b>                     |    |
|----------------------------------|----|
| Failure To Return Apartment Key: | Ok |
| Failure To Return Mailbox Key:   | Ok |

| <b>DOORS:</b>                        |    |
|--------------------------------------|----|
| Apartment Door:                      | Ok |
| Apartment Door closes automatically: | Ok |
| Frame:                               | Ok |
| Hollow:                              | Ok |

|                     |    |
|---------------------|----|
| 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 |



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



|                    |    |
|--------------------|----|
| Shampoo 1 Bedroom: | Ok |
| Shampoo 2 Bedroom: | Ok |
| Stain Removal:     | Ok |

| <b>MISCELLANEOUS:</b>                                                                        |           |
|----------------------------------------------------------------------------------------------|-----------|
| 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     |

|                                          |    |
|------------------------------------------|----|
| <b>OVERALL:</b>                          |    |
| Signs of Moisture inside the apartment:  | Ok |
| Signs of Moisture outside the apartment: | Ok |

|          |  |
|----------|--|
| Resident |  |
|----------|--|

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