



# Move Out Inventory & Condition Form

| Inspection Date | Technician    | Property                    | Units |
|-----------------|---------------|-----------------------------|-------|
| 07-29-2025      | Joseph Cooper | The Diamond at Phoenixville | 234   |

|                                                                                 |               |
|---------------------------------------------------------------------------------|---------------|
| Resident Name                                                                   | Dmytro Adler  |
| Forwarding Mailing Address                                                      | Not Available |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | Jul-28-2025   |

| 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 |
| <b>Cabinets:</b> |    |
| Cabinet Door:    | Ok |
| <b>Cabinets:</b> |    |
| Cabinet Handle:  | Ok |

|                        |  |        |
|------------------------|--|--------|
| <b>Cabinets:</b>       |  |        |
| Cabinet Shelf:         |  | Ok     |
| Ceiling Fan:           |  | Ok     |
| Ceiling Light Fixture: |  | Ok     |
| Ceiling Lights:        |  | Ok     |
| Cleaning of Stove:     |  | Not Ok |
| Charges Type           |  | Clean  |
| Charges                |  |        |
| Comment                |  | Clean  |



|              |  |    |
|--------------|--|----|
| Counter Top: |  | Ok |
|--------------|--|----|

|                    |  |    |
|--------------------|--|----|
| <b>Dishwasher:</b> |  |    |
| Dishwasher Knob:   |  | Ok |

|                    |  |    |
|--------------------|--|----|
| <b>Dishwasher:</b> |  |    |
| Dishwasher Rack:   |  | Ok |

|                               |  |    |
|-------------------------------|--|----|
| <b>Dishwasher:</b>            |  |    |
| Dishwasher Silverware Holder: |  | 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 |

|               |    |
|---------------|----|
| Kitchen Sink: | Ok |
| Microwave:    | Ok |
| Other:        | Ok |

|                      |        |
|----------------------|--------|
| <b>Oven / Range:</b> |        |
| Oven Cleaning:       | Not Ok |
| Charges Type         | Clean  |
| Charges              |        |
| Comment              | Clean  |



|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven door handle:    | Ok |

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven drip pan:       | Ok |

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| 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     |
| <b>Refrigerator (Freezer):</b>                                                    |        |
| Cleaning Refrigerator:                                                            | Not Ok |
| Charges Type                                                                      | Clean  |
| Charges                                                                           |        |
| Comment                                                                           | Clean  |
|  |        |
| <b>Refrigerator (Freezer):</b>                                                    |        |
| Refrigerator (Drawers):                                                           | Ok     |
| <b>Refrigerator (Freezer):</b>                                                    |        |
| Refrigerator (Shelf and Bars):                                                    | Ok     |
| <b>Refrigerator (Freezer):</b>                                                    |        |
| Refrigerator Crisper Glass/Plastic:                                               | Ok     |
| Rubber Stopper:                                                                   | Ok     |
| Stove Knob:                                                                       | Ok     |
| Wall Outlets:                                                                     | Ok     |
| Washer/Dryer:                                                                     | Ok     |
| Window Coverings:                                                                 | Ok     |

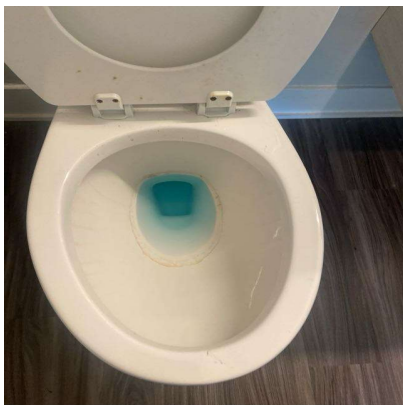
|                    |    |
|--------------------|----|
| <b>BEDROOMS:</b>   |    |
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Floors / Carpet:   | Ok |
| Other:             | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |

|                   |    |
|-------------------|----|
| Window coverings: | Ok |
|-------------------|----|

|                    |        |
|--------------------|--------|
| <b>BATHROOM:</b>   |        |
| Cabinets / Mirror: | Ok     |
| Ceiling Lights:    | Ok     |
| Cleaning Bathroom: | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Clean  |



|                  |        |
|------------------|--------|
| Complete Toilet: | Not Ok |
| Charges Type     | Clean  |
| Charges          |        |
| Comment          | Clean  |



|              |        |
|--------------|--------|
| Counter Top: | Not Ok |
| Charges Type | Clean  |
| Charges      |        |
| Comment      | Stain  |



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

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

|                           |    |
|---------------------------|----|
| <b>CARPET:</b>            |    |
| Burns:                    | Ok |
| Deodorize:                | Ok |
| Pet Treatment (Odor):     | Ok |
| Replace Carpet 1 Bedroom: | Ok |
| Replace Carpet 2 Bedroom: | Ok |
| 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     |
| 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                                               | Joseph Cooper |
|  |               |
| Technician                                                                        | Joseph Cooper |
| Resident not available for signature                                              | YES           |
| Resident refused Signature                                                        | NO            |