



# Move Out Inventory & Condition Form

| Inspection Date | Technician      | Property                  | Units |
|-----------------|-----------------|---------------------------|-------|
| 07-30-2024      | George Daehling | Gateway Airport Townhomes | 8239B |

|                              |               |
|------------------------------|---------------|
| Resident Name                | Kimyda Benson |
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | Jul-29-2024   |

| 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 |
| 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 |
| Verify that either a Fire Stop (under the microwave) or FireAvert (behind the stove) exists.: | 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:                                                    | N/A |
| Formica /Tile:                                             | N/A |
| 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:                                        | N/A |
| Shower Head:                                               | N/A |
| 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>CARPET:</b>            |     |
|---------------------------|-----|
| Burns:                    | Ok  |
| Deodorize:                | Ok  |
| Pet Treatment (Odor):     | Ok  |
| Replace Carpet 1 Bedroom: | N/A |
| Replace Carpet 2 Bedroom: | N/A |
| 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         |
| Date of Installation                                                                         | 2024-07-29 |
| 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 |
| 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                             |                 |
| <div> <div></div> <div></div> </div> |                 |
| Lindy Community Representative Name  | George Daehling |



|                                      |                 |
|--------------------------------------|-----------------|
| Technician                           | George Daehling |
| Resident not available for signature | YES             |
| Resident refused Signature           | NO              |