

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

| Inspection Date | Technician    | Property        | Units |
|-----------------|---------------|-----------------|-------|
| 07-31-2024      | Kathryn Mason | Academia Suites | S105  |

| Resident Name                | Jordan Porch                          |
|------------------------------|---------------------------------------|
| Forwarding Mailing Address   | 39 Raymond Ave., Plainfield, NJ 07062 |
| Date Resident Turned in Keys | Jul-24-2024                           |

| LIVING ROOM:       |                              |
|--------------------|------------------------------|
| Ceilings / Lights: | Not Ok                       |
| Charges Type       | Repair                       |
| Charges            |                              |
| Comment            | Needs replacing or repairing |



| Door / Closet: | Ok     |
|----------------|--------|
| Other:         | Not Ok |
| Charges Type   | Repair |
| Charges        |        |
| Comment        | Repair |



| Walls / Outlets:  | Ok |
|-------------------|----|
| Window:           | Ok |
| Window coverings: | Ok |

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

| KITCHEN:               |                             |
|------------------------|-----------------------------|
| Backsplash:            | Ok                          |
| Ceiling Fan:           | N/A                         |
| Ceiling Light Fixture: | Not Ok                      |
| Charges Type           | Repair                      |
| Charges                |                             |
| Comment                | Needs repair or replacement |



| Ceiling Lights: | Not Ok |
|-----------------|--------|
| Charges Type    | Repair |
| Charges         |        |



| Cleaning of Stove: | Not Ok      |
|--------------------|-------------|
| Charges Type       | Clean       |
| Charges            |             |
| Comment            | Needs clean |



| Drip Pan:     | N/A         |
|---------------|-------------|
| Faucet:       | Ok          |
| Faucet Knobs: | Ok          |
| Floors:       | Not Ok      |
| Charges Type  | Clean       |
| Charges       |             |
| Comment       | Needs clean |



| Formica/Tiles:    | N/A         |
|-------------------|-------------|
| Garbage Disposal: | N/A         |
| Kitchen Sink:     | Not Ok      |
| Charges Type      | Clean       |
| Charges           |             |
| Comment           | Needs clean |



| Microwave: | N/A |
|------------|-----|
| Other:     | N/A |

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



| Oven Door Handle: | Ok     |
|-------------------|--------|
| Oven Racks:       | Ok     |
| Range Top:        | Not Ok |
| Charges Type      | Clean  |
| Charges           |        |

Comment Needs clean



| Rubber Stopper:   | N/A |
|---|-----|
| Stove Knob:   | Ok  |
| Verify that either a Fire Stop (under the microwave) or FireAvert (behind the stove) exists.: | Ok  |
| Wall Outlets:   | Ok  |
| Washer/Dryer:   | N/A |
| Window Coverings:   | Ok  |

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

| 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:  | 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 |

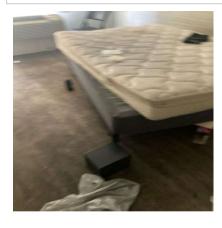
| LOCKS:  |    |
|---|----|
| Door Knob:  | Ok |
| Door Lock:  | Ok |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok |
| Fix Door when extra lock is removed:                                      | Ok |
| Mail-Box Lock:  | Ok |

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

| DOORS:                               |    |
|--------------------------------------|----|
| 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 |

| 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.: | N/A         |
| Light Globes:  | Ok          |
| Mini Blind(s) each:  | Ok          |
| Outside Lights:  | Ok          |
| Phone Jack:  | Ok          |
| Rallings:  | Ok          |
| Removal Of Bulk Items:   | Not Ok      |
| Charges Type   | Clean       |
| Charges  |             |
| Comment  | Remove bulk |



| Remove Debris (Per Bag): | Not Ok |
|--------------------------|--------|
| Charges Type             | Clean  |
| Charges                  |        |
| Comment                  |        |



| 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?:            | No |
| Charges Type                             |    |
| Charges                                  | 0  |
| Window Screen(s) each:                   | Ok |
| Window Sills:                            | Ok |

| Resident | Jordan Porch |
|----------|--------------|
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| Lindy Community Representative Name | Kathryn Mason |
|-------------------------------------|---------------|
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| Technician                           | Kathryn Mason |
|--------------------------------------|---------------|
| Resident not available for signature | YES           |
| Resident refused Signature           | NO            |