

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

| Inspection Date | Technician      | Property            | Units |
|-----------------|-----------------|---------------------|-------|
| 08-03-2023      | William Steever | Park at Westminster | E58   |

| Resident Name                | David Schulman |
|------------------------------|----------------|
| Forwarding Mailing Address   | Not Available  |
| Date Resident Turned in Keys | Aug-03-2023    |

| 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:  | 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 |

| DOORS:                               |    |
|--------------------------------------|----|
| Apartment Door:                      | Ok |
| Apartment Door closes automatically: | Ok |
| Frame:                               | Ok |

Failure To Return Mailbox Key:

Hollow:

Solid Core & Steel:

Ok

Ok

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 bedrooms worn looking |



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



Shampoo 1 Bedroom:

Ok

| Shampoo 2 Bedroom: | Ok                              |
|--------------------|---------------------------------|
| Stain Removal:     | Not Ok                          |
| Charges Type       | Replace                         |
| Charges            |                                 |
| Comment            | Living room and hallway stained |



| 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         |
| Date of Installation   | 2023-08-03 |

| 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                | Mattresses in both bedrooms |



| 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 |

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

| Lind  | , Community | Representative | Mame   |
|-------|-------------|----------------|--------|
| LIIIu | Community   | Representative | Maille |

William Steever

| Technician                           | William Steever |
|--------------------------------------|-----------------|
| Resident not available for signature | YES             |
| Resident refused Signature           | NO              |