

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

| Inspection Date | Technician  | Property    | Units |
|-----------------|-------------|-------------|-------|
| 08-04-2022      | Dave Kimmel | Meadowbrook | 823   |

| Resident Name                | Lynn Drucker  |
|------------------------------|---------------|
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | Not Available |

| LIVING ROOM:       |                      |
|--------------------|----------------------|
| Ceilings / Lights: | Ok                   |
| Door / Closet:     | Ok                   |
| Other:             | Not Ok               |
| Charges Type       | Clean                |
| Charges            |                      |
| Comment            | Unit was left a mess |



| 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:     |    |
|---------------|----|
| Cabinet Door: | Ok |

| Cabinets:       |    |
|-----------------|----|
| Cabinet Handle: | Ok |

| Cabinets:              |    |                  |
|------------------------|----|------------------|
| Cabinet Shelf:         | Ok |                  |
| Ceiling Fan:           |    | Ok               |
| Ceiling Light Fixture: |    | Ok               |
| Ceiling Lights:        |    | Ok               |
| Counter Top:           |    | Not Ok           |
| Charges Type           |    | Clean            |
| Charges                |    |                  |
| Comment                |    | Trash everywhere |



| Dishwasher:      |    |
|------------------|----|
| Dishwasher Knob: | Ok |

| Dishwasher:      |    |
|------------------|----|
| Dishwasher Rack: | Ok |

| Dishwasher Silverware Holder: | Ok          |
|-------------------------------|-------------|
| Drip Pan:                     | Ok          |
| Electric Meter:               | Ok          |
| Faucet:                       | Ok          |
| Faucet Knobs:                 | Ok          |
| Floors:                       | Not Ok      |
| Charges Type                  | Clean       |
| Charges                       |             |
| Comment                       | Dirty floor |



| Formica/Tiles:    | Ok |
|-------------------|----|
| Garbage Disposal: | Ok |
| Kitchen Sink:     | Ok |
| Microwave:        | Ok |
| Other:            | Ok |

| Oven / Range:  |    |
|----------------|----|
| Oven Cleaning: | Ok |

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

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

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

| Oven / Range:   |    |
|---|----|
| Oven Racks:   | Ok |
| Oven / Range:   |    |
| Range burners:  | Ok |
| Oven / Range:   |    |
| Range Hood:   | Ok |
| Oven Door Handle:   | Ok |
| Oven Racks:   | Ok |
| Range Top:  | 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 |

| BEDROOMS:          |  |
|--------------------|--|
| Ceilings / Lights: | Ok                                       |
| Door / Closet:     | Ok                                       |
| Floors / Carpet:   | Not Ok                                   |
| Charges Type       | Replace                                  |
| Charges            |  |
| Comment            | Animal hair trash all over bedroom floor |

Ok



Window Coverings:

| Other:           | Ok |
|------------------|----|
| Walls / Outlets: | Ok |

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

| BATHROOM:          |                  |
|--------------------|------------------|
| Cabinets / Mirror: | Ok               |
| Ceiling Lights:    | Ok               |
| Cleaning Bathroom: | Not Ok           |
| Charges Type       | Clean            |
| Charges            |                  |
| Comment            | Trash everywhere |



| 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: | Not Ok      |
| Charges Type    | Clean       |
| Charges         |             |
| Comment         | Left a mess |



| 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 |

| ITING: |  |
|--------|--|
|--------|--|

| 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: | Ok |
| Replace Carpet 2 Bedroom: | Ok |
| Shampoo 1 Bedroom:        | Ok |
| Shampoo 2 Bedroom:        | Ok |
| Stain Removal:            | 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 |
| Fire extinguisher:   | 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 |
|--|----|
|  | Ok |
| Sliding Mirror/Glass Door (2):           |    |
| 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 |

|--|

| Lindy Community Representative Name | Dave Kimmel |
|-------------------------------------|-------------|

| Ane |  |
|-----|--|
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| J                                    |             |
|--------------------------------------|-------------|
| Technician                           | Dave Kimmel |
| Resident not available for signature | YES         |

NO