



# Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property    | Units |
|-----------------|-------------|-------------|-------|
| 08-08-2022      | Dave Kimmel | Meadowbrook | 851   |

|                              |                    |
|------------------------------|--------------------|
| Resident Name                | Christopher Torres |
| Forwarding Mailing Address   | Not Available      |
| Date Resident Turned in Keys | Not Available      |

| 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:                                    | Not Ok                               |
| Charges Type   | Clean                                |
| Charges  |                                      |
| Comment  | Looks like Tub was never maintenance |



|                     |  |
|---------------------|--|
| Shower Curtain Bar: | Ok   |
| Shower Head:        | Not Ok   |
| Charges Type        | Replace  |
| Charges             |  |
| Comment             | I think it may be a water shaver or water filter |



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

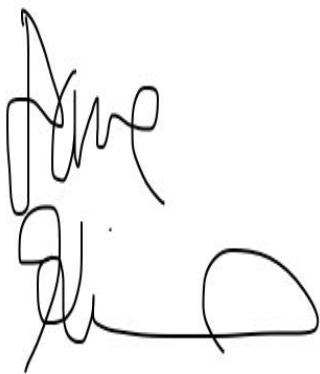
| <b>MISCELLANEOUS:</b>  |    |
|--|----|
| Broken Window Glass (Per Pane):  | Ok |
| Cabinet Equipment:   | Ok |
| Carbon Monoxide Detector:  | Ok |
| Cleaning of Apartment:   | Ok |
| Clear Storage Locker:  | Ok |
| Closet Shelves:  | Ok |
| Common Area damaged during moveout:  | Ok |
| Door Intercom System:  | Ok |
| Exhaust Fan:   | Ok |
| Fan Blades:  | Ok |
| 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 |
| 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 |  |
|----------|--|

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



|                                      |             |
|--------------------------------------|-------------|
| Technician                           | Dave Kimmel |
| Resident not available for signature | YES         |
| Resident refused Signature           | NO          |