

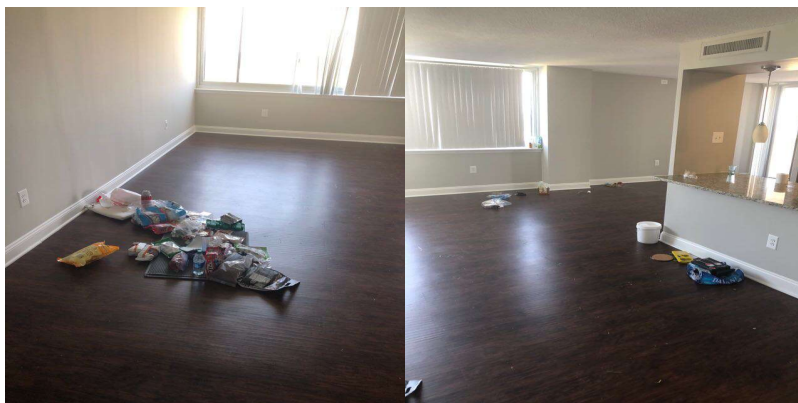


# Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property          | Units  |
|-----------------|-------------|-------------------|--------|
| 08-10-2020      | Josh Kozich | Towers at Wyncote | 1214-3 |

|                              |               |
|------------------------------|---------------|
| Resident Name                | Shihan Jin    |
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | Not Available |

|                     |        |
|---------------------|--------|
| <b>LIVING ROOM:</b> |        |
| Walls / Outlets:    | Ok     |
| Ceilings / Lights:  | Ok     |
| Window:             | Ok     |
| Door / Closet:      | Ok     |
| Window coverings:   | Ok     |
| Other:              | Not Ok |
| Charges Type        | Clean  |
| Charges             |        |
| Comment             | Clean  |



|                     |    |
|---------------------|----|
| <b>DINING ROOM:</b> |    |
| Walls / Outlets:    | Ok |
| Ceilings / Lights:  | Ok |
| Window:             | Ok |

|                   |        |
|-------------------|--------|
| Window coverings: | Ok     |
| <b>KITCHEN:</b>   |        |
| Electric Meter:   | Ok     |
| Cabinets:         | Ok     |
| Cabinet Door:     | Ok     |
| Cabinet Shelf:    | Ok     |
| Cabinet Handle:   | Ok     |
| Counter Top:      | Not Ok |
| Charges Type      | Clean  |
| Charges           |        |
| Comment           | Clean  |



|                                     |        |
|-------------------------------------|--------|
| Refrigerator (Freezer):             | Ok     |
| Refrigerator (Shelf and Bars):      | Ok     |
| Refrigerator (Drawers):             | Ok     |
| Refrigerator Crisper Glass/Plastic: | Ok     |
| Cleaning Refrigerator:              | Not Ok |
| Charges Type                        | Clean  |
| Charges                             |        |
| Comment                             | Clean  |



|                               |        |
|-------------------------------|--------|
| Dishwasher Rack:              | Ok     |
| Dishwasher Silverware Holder: | Ok     |
| Dishwasher Knob:              | Ok     |
| Fire Stops:                   | Ok     |
| Formica/Tiles:                | Ok     |
| Stove Knob:                   | Ok     |
| Microwave:                    | Ok     |
| Cleaning of Stove:            | Not Ok |
| Charges Type                  | Clean  |
| Charges                       |        |
| Comment                       | Clean  |



|                        |    |
|------------------------|----|
| Ceiling Lights:        | Ok |
| Garbage Disposal:      | Ok |
| Rubber Stopper:        | Ok |
| Oven Door Handle:      | Ok |
| Oven Racks:            | Ok |
| Kitchen Sink:          | Ok |
| Faucet Knobs:          | Ok |
| Floors:                | Ok |
| Faucet:                | Ok |
| Drip Pan:              | Ok |
| Range Hood:            | Ok |
| Range Top:             | Ok |
| Ceiling Light Fixture: | Ok |
| Backsplash:            | Ok |
| Ceiling Fan:           | Ok |

|                    |        |
|--------------------|--------|
| Washer/Dryer:      | Ok     |
| Wall Outlets:      | Ok     |
| Window Coverings:  | Ok     |
| Other:             | Ok     |
| <b>BEDROOMS:</b>   |        |
| Walls / Outlets:   | Ok     |
| Ceilings / Lights: | Ok     |
| Floors / Carpet:   | Ok     |
| Window:            | Ok     |
| Window coverings:  | Ok     |
| Door / Closet:     | Ok     |
| Other:             | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Clean  |



|                      |    |
|----------------------|----|
| <b>BATHROOM:</b>     |    |
| Medicine Cabinet:    | Ok |
| Mirror Cabinet:      | Ok |
| Vanity Cabinet:      | Ok |
| Sink:                | Ok |
| Toilet Tank Cover:   | Ok |
| Toilet Tank:         | Ok |
| Toilet Bowl:         | Ok |
| Complete Toilet:     | Ok |
| Toilet Paper Holder: | Ok |
| Shower Head:         | Ok |

|                         |        |
|-------------------------|--------|
| Tub Knob(s):            | Ok     |
| Shower Curtain Bar:     | Ok     |
| Towel Bar:              | Ok     |
| Tub Reglazing:          | Ok     |
| Counter Top:            | Ok     |
| Soap Dish (Sink):       | Ok     |
| Soad Dish (Tub):        | Ok     |
| Remove Mildew on Tiles: | Ok     |
| Cleaning Bathroom:      | Not Ok |
| Charges Type            | Clean  |
| Charges                 |        |
| Comment                 | Clean  |



|                                                                           |    |
|---------------------------------------------------------------------------|----|
| Wall Outlets:                                                             | Ok |
| Ceiling Lights:                                                           | Ok |
| Floors:                                                                   | Ok |
| Formica /Tile:                                                            | Ok |
| Cabinets / Mirror:                                                        | Ok |
| Window:                                                                   | Ok |
| Other:                                                                    | Ok |
| Is there signs of moisture from outside in the apartment?:                | Ok |
| <b>LOCKS:</b>                                                             |    |
| Door Lock:                                                                | Ok |
| Door Knob:                                                                | Ok |
| Fix Door when extra lock is removed:                                      | Ok |
| Mail-Box Lock:                                                            | Ok |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok |

|                                  |    |
|----------------------------------|----|
| <b>KEYS:</b>                     |    |
| Failure To Return Apartment Key: | Ok |
| Failure To Return Mailbox Key:   | Ok |
| <b>DOORS:</b>                    |    |
| Apartment Door:                  | Ok |
| Solid Core & Steel:              | Ok |
| Frame:                           | Ok |
| Hollow:                          | Ok |
| <b>PAINTING:</b>                 |    |
| Over Dark Colors (Per Room):     | Ok |
| Holes in Walls (Each Hole):      | Ok |
| Wallpaper Removal (Per Room):    | Ok |
| Border Removal (Per Room):       | Ok |
| <b>CARPET:</b>                   |    |
| Shampoo 1 Bedroom:               | Ok |
| Shampoo 2 Bedroom:               | Ok |
| Stain Removal:                   | Ok |
| Burns:                           | Ok |
| Deodorize:                       | Ok |
| Pet Treatment (Odor):            | Ok |
| Replace Carpet 1 Bedroom:        | Ok |
| Replace Carpet 2 Bedroom:        | Ok |
| <b>MISCELLANEOUS:</b>            |    |
| Remove Debris (Per Bag):         | Ok |
| Removal Of Bulk Items:           | Ok |
| Clear Storage Locker:            | Ok |
| Closet Shelves:                  | Ok |
| Window Sills:                    | Ok |
| Window Screen(s) each:           | Ok |
| Broken Window Glass (Per Pane):  | Ok |
| Mini Blind(s) each:              | Ok |
| Vertical Blinds:                 | Ok |
| Sliding Mirror/Glass Door (2):   | Ok |
| Carbon Monoxide Detector:        | Ok |

|                                                                                              |             |
|----------------------------------------------------------------------------------------------|-------------|
| Smoke Detector Alarm:                                                                        | Ok          |
| Fire extinguisher:                                                                           | Ok          |
| Cabinet Equipment:                                                                           | Ok          |
| Vinly Tile Kitchen:                                                                          | Ok          |
| Vinly Tile Bathroom:                                                                         | Ok          |
| Exhaust Fan:                                                                                 | Ok          |
| Phone Jack:                                                                                  | Ok          |
| Fan Blades:                                                                                  | Ok          |
| Light Globes:                                                                                | Ok          |
| Door Intercom System:                                                                        | Ok          |
| Switch Plate Covers:                                                                         | Ok          |
| Rallings:                                                                                    | Ok          |
| Outside Lights:                                                                              | Ok          |
| Stoppage by foreign object in any drain:                                                     | Ok          |
| Thermostat Cover:                                                                            | Ok          |
| Cleaning of Apartment:                                                                       | Ok          |
| Common Area damaged during moveout:                                                          | Ok          |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok          |
| <b>OVERALL:</b>                                                                              |             |
| Signs of Moisture inside the apartment:                                                      | Ok          |
| Signs of Moisture outside the apartment:                                                     | Ok          |
| Resident                                                                                     |             |
| Lindy Community Representative Name                                                          | Josh Kozich |



|                                      |             |
|--------------------------------------|-------------|
| Technician                           | Josh Kozich |
| Resident not available for signature | NO          |
| Resident refused Signature           | NO          |