



# Move Out Inventory & Condition Form

| Inspection Date | Technician     | Property            | Units |
|-----------------|----------------|---------------------|-------|
| 08-14-2023      | Andrea Reusser | Elkins Park Terrace | 18    |

|                              |                                                                   |
|------------------------------|-------------------------------------------------------------------|
| Resident Name                | Sandra Armstrong                                                  |
| Forwarding Mailing Address   | 6302 Old York Road Phillip Murray House #2 Philadelphia, PA 19141 |
| Date Resident Turned in Keys | Aug-07-2023                                                       |

| 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 |

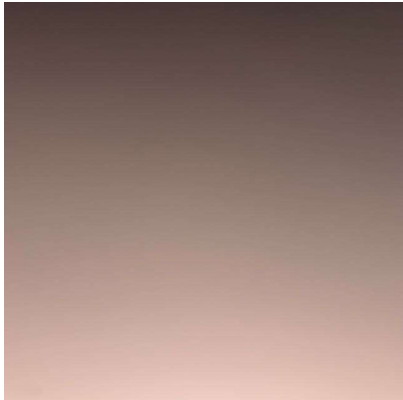
| BATHROOM:          |    |
|--------------------|----|
| Cabinets / Mirror: | Ok |

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

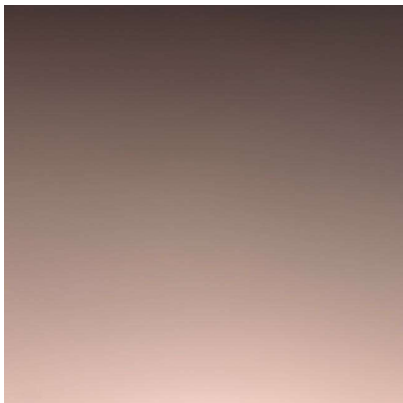
|                                                                           |    |
|---------------------------------------------------------------------------|----|
| <b>LOCKS:</b>                                                             |    |
| Door Knob:                                                                | 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: | Not Ok |

|              |                                                    |
|--------------|----------------------------------------------------|
| Charges Type | Replace                                            |
| Charges      |                                                    |
| Comment      | Did not return keys-supposed to be dropping office |



|                                |                                                    |
|--------------------------------|----------------------------------------------------|
| Failure To Return Mailbox Key: | Not Ok                                             |
| Charges Type                   | Replace                                            |
| Charges                        |                                                    |
| Comment                        | Did not return keys-supposed to be dropping office |



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

| <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 |
| 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 | Andrea Reusser |
|-------------------------------------|----------------|



|                                      |                |
|--------------------------------------|----------------|
| Technician                           | Andrea Reusser |
| Resident not available for signature | YES            |
| Resident refused Signature           | NO             |