



# Move Out Inventory & Condition Form

| Inspection Date | Technician    | Property                | Units |
|-----------------|---------------|-------------------------|-------|
| 08-15-2022      | sharon waples | Crossings at Stanbridge | 408   |

|                              |               |
|------------------------------|---------------|
| Resident Name                | Eric Foster   |
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | Aug-14-2022   |

| 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     |
| Ceiling Fan:           | Ok     |
| Ceiling Light Fixture: | Ok     |
| Ceiling Lights:        | Ok     |
| Cleaning of Stove:     | Not Ok |
| Charges Type           | Clean  |
| Charges                |        |

|                                                                                                                                                 |                  |                                |  |                               |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------|--|-------------------------------|----|
| Comment                                                                                                                                         | Stove/oven dirty |                                |  |                               |    |
|                                                                |                  |                                |  |                               |    |
| Counter Top:                                                                                                                                    | Ok               |                                |  |                               |    |
| <table border="1"> <tr> <td><b>Dishwasher:</b></td> <td></td> </tr> <tr> <td>Dishwasher Knob:</td> <td>Ok</td> </tr> </table>                   |                  | <b>Dishwasher:</b>             |  | Dishwasher Knob:              | Ok |
| <b>Dishwasher:</b>                                                                                                                              |                  |                                |  |                               |    |
| Dishwasher Knob:                                                                                                                                | Ok               |                                |  |                               |    |
| <table border="1"> <tr> <td><b>Dishwasher:</b></td> <td></td> </tr> <tr> <td>Dishwasher Rack:</td> <td>Ok</td> </tr> </table>                   |                  | <b>Dishwasher:</b>             |  | Dishwasher Rack:              | Ok |
| <b>Dishwasher:</b>                                                                                                                              |                  |                                |  |                               |    |
| Dishwasher Rack:                                                                                                                                | Ok               |                                |  |                               |    |
| <table border="1"> <tr> <td><b>Dishwasher:</b></td> <td></td> </tr> <tr> <td>Dishwasher Silverware Holder:</td> <td>Ok</td> </tr> </table>      |                  | <b>Dishwasher:</b>             |  | Dishwasher Silverware Holder: | Ok |
| <b>Dishwasher:</b>                                                                                                                              |                  |                                |  |                               |    |
| Dishwasher Silverware Holder:                                                                                                                   | 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 Door Handle:                                                                                                                               | Ok               |                                |  |                               |    |
| Oven Racks:                                                                                                                                     | Ok               |                                |  |                               |    |
| Range Top:                                                                                                                                      | Ok               |                                |  |                               |    |
| <table border="1"> <tr> <td><b>Refrigerator (Freezer):</b></td> <td></td> </tr> <tr> <td>Cleaning Refrigerator:</td> <td>Ok</td> </tr> </table> |                  | <b>Refrigerator (Freezer):</b> |  | Cleaning Refrigerator:        | Ok |
| <b>Refrigerator (Freezer):</b>                                                                                                                  |                  |                                |  |                               |    |
| Cleaning Refrigerator:                                                                                                                          | Ok               |                                |  |                               |    |

|                                |    |
|--------------------------------|----|
| <b>Refrigerator (Freezer):</b> |    |
| Refrigerator (Drawers):        | Ok |

  

|                                |    |
|--------------------------------|----|
| <b>Refrigerator (Freezer):</b> |    |
| Refrigerator (Shelf and Bars): | Ok |

  

|                                     |    |
|-------------------------------------|----|
| <b>Refrigerator (Freezer):</b>      |    |
| Refrigerator Crisper Glass/Plastic: | 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 |

|                    |    |
|--------------------|----|
| <b>BEDROOMS:</b>   |    |
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Floors / Carpet:   | Ok |
| Other:             | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

|                                                            |    |
|------------------------------------------------------------|----|
| <b>BATHROOM:</b>                                           |    |
| 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: | 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                                                                            |               |
| <div style="height: 150px;"></div>                                                  |               |
| Lindy Community Representative Name                                                 | sharon waples |
|  |               |
| Technician                                                                          | sharon waples |
| Resident not available for signature                                                | YES           |

Resident refused Signature

NO