



Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|--------------|----------------|-------|
| 08-19-2021 | Nancy Benner | 7400 Roosevelt | A113 |

| | |
|------------------------------|--------------------------------------|
| Resident Name | Sharquill Farmer |
| Forwarding Mailing Address | 117 Ryan's Run Sicklerville NJ 08081 |
| Date Resident Turned in Keys | Aug-13-2021 |

| Amenities to be added to this Unit |
|------------------------------------|
| Plank Flooring |
| Quartz/Granit Countertops |

| 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: | |
| Cabinet Door: | Ok |

| Cabinets: | |
|----------------|---|
| Cabinet Shelf: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Interior of cabinet dirty and roaches are present |



| | |
|------------------------|----|
| Ceiling Fan: | Ok |
| Ceiling Light Fixture: | Ok |
| Ceiling Lights: | Ok |
| Cleaning of Stove: | Ok |
| Counter Top: | Ok |

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


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

| Dishwasher: | |
|-------------------------------|----|
| Dishwasher Silverware Holder: | Ok |

| | |
|-------------------|----|
| Drip Pan: | Ok |
| Electric Meter: | Ok |
| Faucet: | Ok |
| Faucet Knobs: | Ok |
| Fire Stops: | Ok |
| Floors: | Ok |
| 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 |
| Wall Outlets: | Ok |
| Washer/Dryer: | Ok |
| Window Coverings: | Ok |

| | |
|--------------------|--------|
| BEDROOMS: | |
| Ceilings / Lights: | Not Ok |
| Charges Type | Clean |
| Charges | |

| | |
|---|------------------------|
| Comment | Ceiling fans not clean |
|  | |
| 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 |

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

| | |
|---------------------------|----|
| CARPET: | |
| Burns: | Ok |
| Deodorize: | Ok |
| Pet Treatment (Odor): | Ok |
| Replace Carpet 1 Bedroom: | Ok |

| | |
|---------------------------|---|
| Replace Carpet 2 Bedroom: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Carpet stained throughout with black/brown/bleach stains must replace |



| | |
|--------------------|----|
| Shampoo 2 Bedroom: | Ok |
| Stain Removal: | Ok |

| | |
|---|--|
| Resident | |
| <div> <div>Lindy Community Representative Name</div> <div>Nancy Benner</div> </div> | |

A handwritten signature in black ink, consisting of a stylized 'N' followed by a horizontal line.

| | |
|--------------------------------------|--------------|
| Technician | Nancy Benner |
| Resident not available for signature | YES |
| Resident refused Signature | NO |