



# Move Out Inventory & Condition Form

| Inspection Date | Technician   | Property     | Units |
|-----------------|--------------|--------------|-------|
| 08-19-2021      | Nancy Benner | Joshua House | C0303 |

|                              |  |
|------------------------------|--|
| Resident Name                | Yohan Sanchez                              |
| Forwarding Mailing Address   | 2607 Welsh Road A302 Philadelphia Pa 19114 |
| Date Resident Turned in Keys | Aug-15-2021                                |

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

| 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 |
| Fire Stops:             | 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 |
| 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 |
|-------------------|----|

| <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 |

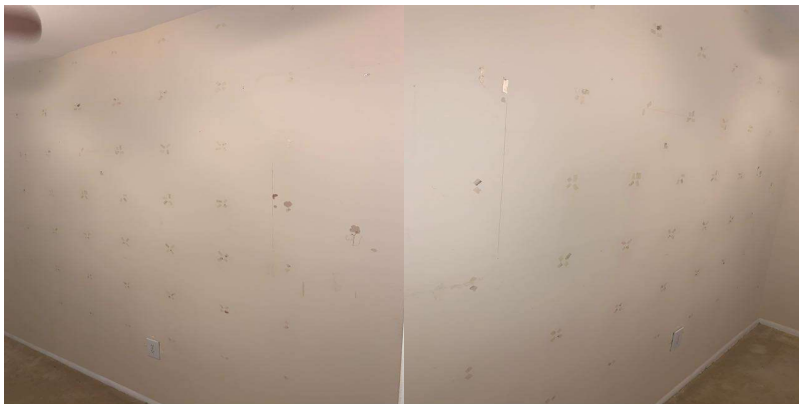
| <b>LOCKS:</b>   |    |
|---|----|
| Door Knob:  | Ok |
| Door Lock:  | Ok |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok |
| Fix Door when extra lock is removed:                                      | Ok |

|                |    |
|----------------|----|
| 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 |
| Frame:              | Ok |
| Hollow:             | Ok |
| Solid Core & Steel: | Ok |

|                             |   |
|-----------------------------|---|
| <b>PAINTING:</b>            |   |
| Border Removal (Per Room):  | Ok  |
| Holes in Walls (Each Hole): | Not Ok                                    |
| Charges Type                | Repair                                    |
| Charges                     |   |
| Comment                     | Remove adhesive and patch and repair wall |



|                               |    |
|-------------------------------|----|
| Over Dark Colors (Per Room):  | Ok |
| Wallpaper Removal (Per Room): | Ok |

|                           |  |
|---------------------------|--|
| <b>CARPET:</b>            |  |
| Replace Carpet 1 Bedroom: | Not Ok                                 |
| Charges Type              | Replace                                |
| Charges                   |  |
| Comment                   | Carpet stained throughout must replace |



Replace Carpet 2 Bedroom:

Ok

**MISCELLANEOUS:**

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

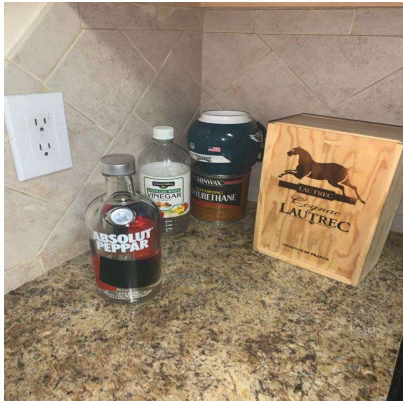
Phone Jack:

Ok

|                        |                              |
|------------------------|------------------------------|
| Rallings:              | Ok                           |
| Removal Of Bulk Items: | Ok                           |
| Comment                | Remove shelving unit in bath |



|                          |                                |
|--------------------------|--------------------------------|
| Remove Debris (Per Bag): | Ok                             |
| Comment                  | Remove trash/ belongings 1 bag |



|  |    |
|--|----|
| 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 | Nancy Benner |
|-------------------------------------|--------------|



|            |              |
|------------|--------------|
| Technician | Nancy Benner |
|------------|--------------|

|                                      |     |
|--------------------------------------|-----|
| Resident not available for signature | YES |
|--------------------------------------|-----|

|                            |    |
|----------------------------|----|
| Resident refused Signature | NO |
|----------------------------|----|