

Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|---------------|-------------------|--------|
| 09-02-2025 | Joseph Cooper | Towers at Wyncote | 1208-1 |

| Resident Name | Daliya Carter Puriefoy |
|---|------------------------|
| Forwarding Mailing Address | Not Available |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | Sep-02-2025 |

| LIVING ROOM: | |
|--------------------|-----------------------|
| Ceilings / Lights: | Ok |
| Door / Closet: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Repair 2 closet doors |



| Other: | Ok |
|-------------------|----|
| Plank Flooring: | Ok |
| Walls / Outlets: | Ok |
| Window: | Ok |
| Window coverings: | Ok |

| DINING ROOM: | |
|--------------------|----|
| Ceilings / Lights: | Ok |

| Plank Flooring: | Ok |
|-------------------|----|
| Walls / Outlets: | Ok |
| Window: | Ok |
| Window coverings: | Ok |

| KITCHEN: | |
|-------------|----|
| Backsplash: | Ok |

| Cabinets: | |
|---------------|---------------------------|
| Cabinet Door: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Removal of 4 safety locks |



| Ca | abinets: | |
|----|----------------|----|
| Ca | abinet Handle: | Ok |

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

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

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

| Dishwasher: | | |
|--|------------|--|
| Dishwasher Silverware Holder: | Ok | |
| Drip Pan: | Ok | |
| Electric Meter: | Ok | |
| Faucet: | Ok | |
| Faucet Knobs: | Ok | |
| Floors: | Ok | |
| Formica/Tiles: | Ok | |
| Garbage Disposal: | Ok | |
| Is there a FireAvert red box, plug, and solenoid?: | Ok | |
| Date of Installation | 2025-09-02 | |
| Kitchen Sink: | Ok | |
| Microwave: | Not Ok | |
| Charges Type | Clean | |
| Charges | | |
| Comment | Clean | |



Other: Ok

| Oven / Range: | |
|----------------|--------|
| Oven Cleaning: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Clean |



| 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 |

| Refrigerator (Freezer): | |
|-------------------------|----|
| Cleaning Refrigerator: | Ok |

| Refrigerator (Freezer): | |
|-------------------------|----|
| Refrigerator (Drawers): | Ok |

| Refrigerator (Freezer): | |
|--------------------------------|----|
| Refrigerator (Shelf and Bars): | Ok |

| Refrigerator (Freezer): | |
|-------------------------------------|------------------|
| Refrigerator Crisper Glass/Plastic: | Ok |
| Rubber Stopper: | Ok |
| Stove Knob: | Ok |
| Wall Outlets: | Ok |
| Washer/Dryer: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Clean and repair |



| Window Coverings: | Ok |
|-------------------|----|
|-------------------|----|

| BEDROOMS: | |
|--------------------|---------------------|
| Ceilings / Lights: | Ok |
| Door / Closet: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Replace door handle |



| Floors / Carpet: | Ok |
|------------------|--------------|
| Other: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Remove shelf |



| Plank Flooring: | Ok |
|-------------------|----|
| Walls / Outlets: | Ok |
| Window: | Ok |
| Window coverings: | Ok |

| BATHROOM: | |
|--------------------|--------|
| Cabinets / Mirror: | Ok |
| Ceiling Lights: | Ok |
| Cleaning Bathroom: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Clean |



| 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 |
| Plank Flooring: | 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: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Replace |



| Tub Knob(s): | Ok |
|-----------------|--------|
| Tub Reglazing: | Ok |
| Vanity Cabinet: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Clean |



| Wall Outlets: | Ok | |
|---------------|----|--|
| Window: | Ok | |

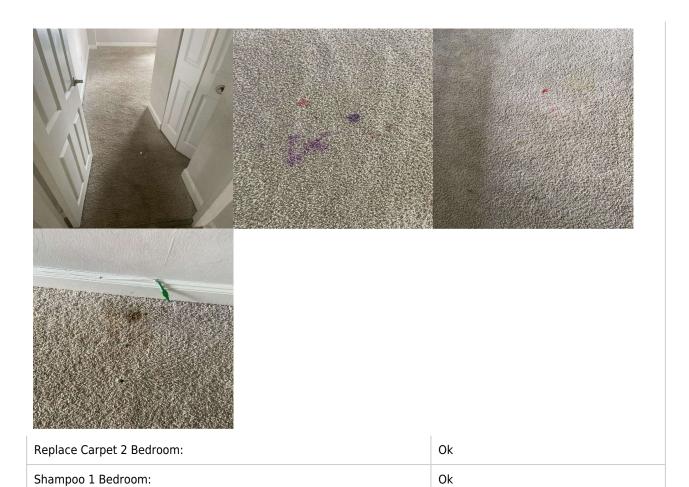
| LOCKS: | |
|---|----|
| Door Knob: | Ok |
| Door Lock: | Ok |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok |
| Fix Door when extra lock is removed: | Ok |
| Mail-Box Lock: | Ok |

| KEYS: | |
|----------------------------------|----|
| Failure To Return Apartment Key: | Ok |
| Failure To Return Mailbox Key: | Ok |

| DOORS: | |
|--------------------------------------|----|
| Apartment Door: | Ok |
| 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 |

| CARPET: | |
|---------------------------|---------|
| Burns: | Ok |
| Deodorize: | Ok |
| Pet Treatment (Odor): | Ok |
| Replace Carpet 1 Bedroom: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Stains |



Ok

Ok

Shampoo 2 Bedroom:

Stain Removal:

| 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 |
| 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 |
| OVERALL: | | |
| Signs of Moisture inside the apartment: | Ol | (|
| Signs of Moisture outside the apartment: | OF | (|
| Resident | | |
| | ' | |
| | | |
| | | |
| | | |
| | | |

Joseph Cooper

Lindy Community Representative Name



| Technician | Joseph Cooper |
|--------------------------------------|---------------|
| Resident not available for signature | YES |
| Resident refused Signature | NO |