



# Move Out Inventory & Condition Form

| Inspection Date | Technician      | Property            | Units |
|-----------------|-----------------|---------------------|-------|
| 09-03-2020      | Stephen Cofield | Gardens of Mt. Airy | D08   |

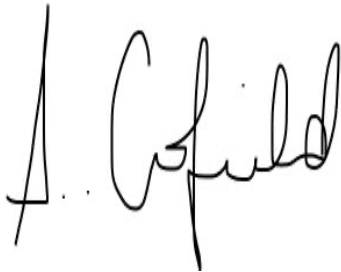
|                              |               |
|------------------------------|---------------|
| Resident Name                | Callie Taylor |
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | Not Available |

|                                |    |
|--------------------------------|----|
| <b>LIVING ROOM:</b>            |    |
| Walls / Outlets:               | Ok |
| Ceilings / Lights:             | Ok |
| Window:                        | Ok |
| Door / Closet:                 | Ok |
| Window coverings:              | Ok |
| Other:                         | Ok |
| <b>DINING ROOM:</b>            |    |
| Walls / Outlets:               | Ok |
| Ceilings / Lights:             | Ok |
| Window:                        | Ok |
| Window coverings:              | Ok |
| <b>KITCHEN:</b>                |    |
| Electric Meter:                | Ok |
| Cabinets:                      | Ok |
| Cabinet Door:                  | Ok |
| Cabinet Shelf:                 | Ok |
| Cabinet Handle:                | Ok |
| Counter Top:                   | Ok |
| Refrigerator (Freezer):        | Ok |
| Refrigerator (Shelf and Bars): | Ok |

|                                     |    |
|-------------------------------------|----|
| Refrigerator (Drawers):             | Ok |
| Refrigerator Crisper Glass/Plastic: | Ok |
| Cleaning Refrigerator:              | Ok |
| Dishwasher Rack:                    | Ok |
| Dishwasher Silverware Holder:       | Ok |
| Dishwasher Knob:                    | Ok |
| Fire Stops:                         | Ok |
| Formica/Tiles:                      | Ok |
| Stove Knob:                         | Ok |
| Microwave:                          | Ok |
| Cleaning of Stove:                  | Ok |
| Ceiling Lights:                     | Ok |
| Garbage Disposal:                   | Ok |
| Rubber Stopper:                     | Ok |
| Oven Door Handle:                   | Ok |
| Oven Racks:                         | Ok |
| Kitchen Sink:                       | Ok |
| Faucet Knobs:                       | Ok |
| Floors:                             | Ok |
| Faucet:                             | Ok |
| Drip Pan:                           | Ok |
| Range Hood:                         | Ok |
| Range Top:                          | Ok |
| Ceiling Light Fixture:              | Ok |
| Backsplash:                         | Ok |
| Ceiling Fan:                        | Ok |
| Washer/Dryer:                       | Ok |
| Wall Outlets:                       | Ok |
| Window Coverings:                   | Ok |
| Other:                              | Ok |
| <b>BEDROOMS:</b>                    |    |
| Walls / Outlets:                    | Ok |
| Ceilings / Lights:                  | Ok |
| Floors / Carpet:                    | Ok |

|                                                            |    |
|------------------------------------------------------------|----|
| Window:                                                    | Ok |
| Window coverings:                                          | Ok |
| Door / Closet:                                             | Ok |
| Other:                                                     | Ok |
| <b>BATHROOM:</b>                                           |    |
| Medicine Cabinet:                                          | Ok |
| Mirror Cabinet:                                            | Ok |
| Vanity Cabinet:                                            | Ok |
| Sink:                                                      | Ok |
| Toilet Tank Cover:                                         | Ok |
| Toilet Tank:                                               | Ok |
| Toilet Bowl:                                               | Ok |
| Complete Toilet:                                           | Ok |
| Toilet Paper Holder:                                       | Ok |
| Shower Head:                                               | Ok |
| Tub Knob(s):                                               | Ok |
| Shower Curtain Bar:                                        | Ok |
| Towel Bar:                                                 | Ok |
| Tub Reglazing:                                             | Ok |
| Counter Top:                                               | Ok |
| Soap Dish (Sink):                                          | Ok |
| Soad Dish (Tub):                                           | Ok |
| Remove Mildew on Tiles:                                    | Ok |
| Cleaning Bathroom:                                         | Ok |
| Wall Outlets:                                              | Ok |
| Ceiling Lights:                                            | Ok |
| Floors:                                                    | Ok |
| Formica /Tile:                                             | Ok |
| Cabinets / Mirror:                                         | Ok |
| Window:                                                    | Ok |
| Other:                                                     | Ok |
| Is there signs of moisture from outside in the apartment?: | Ok |
| <b>LOCKS:</b>                                              |    |
| Door Lock:                                                 | Ok |

|                                                                           |    |
|---------------------------------------------------------------------------|----|
| Door Knob:                                                                | Ok |
| Fix Door when extra lock is removed:                                      | Ok |
| Mail-Box Lock:                                                            | Ok |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok |
| <b>KEYS:</b>                                                              |    |
| Failure To Return Apartment Key:                                          | Ok |
| Failure To Return Mailbox Key:                                            | Ok |
| <b>DOORS:</b>                                                             |    |
| Apartment Door:                                                           | Ok |
| Solid Core & Steel:                                                       | Ok |
| Frame:                                                                    | Ok |
| Hollow:                                                                   | Ok |
| <b>PAINTING:</b>                                                          |    |
| Over Dark Colors (Per Room):                                              | Ok |
| Holes in Walls (Each Hole):                                               | Ok |
| Wallpaper Removal (Per Room):                                             | Ok |
| Border Removal (Per Room):                                                | Ok |
| <b>CARPET:</b>                                                            |    |
| Shampoo 1 Bedroom:                                                        | Ok |
| Shampoo 2 Bedroom:                                                        | Ok |
| Stain Removal:                                                            | Ok |
| Burns:                                                                    | Ok |
| Deodorize:                                                                | Ok |
| Pet Treatment (Odor):                                                     | Ok |
| Replace Carpet 1 Bedroom:                                                 | Ok |
| Replace Carpet 2 Bedroom:                                                 | Ok |
| Resident                                                                  |    |

|                                                                                    |                 |
|------------------------------------------------------------------------------------|-----------------|
| Lindy Community Representative Name                                                | Stephen Cofield |
|  |                 |
| Technician                                                                         | Stephen Cofield |
| Resident not available for signature                                               | YES             |
| Resident refused Signature                                                         | NO              |