



# Move Out Inventory & Condition Form

| Inspection Date | Technician    | Property                | Units |
|-----------------|---------------|-------------------------|-------|
| 09-06-2024      | Billie Schott | Crossings at Stanbridge | 422   |

|                              |                                      |
|------------------------------|--------------------------------------|
| Resident Name                | Lauren Stryker                       |
| Forwarding Mailing Address   | 193 Grove street Tonawanda, NY 14150 |
| Date Resident Turned in Keys | Aug-31-2024                          |

| LIVING ROOM:      |    |
|-------------------|----|
| 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:     | Ok |
| Drip Pan:              | 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  |
| 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:                                                                                 | N/A |
| 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:                              | N/A |
| 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:                    | N/A |
| Deodorize:                | N/A |
| Pet Treatment (Odor):     | N/A |
| Replace Carpet 1 Bedroom: | N/A |
| Replace Carpet 2 Bedroom: | N/A |
| Shampoo 1 Bedroom:        | N/A |
| Shampoo 2 Bedroom:        | N/A |
| Stain Removal:            | N/A |

| <b>MISCELLANEOUS:</b>                                                                        |            |
|----------------------------------------------------------------------------------------------|------------|
| Broken Window Glass (Per Pane):                                                              | Ok         |
| Cabinet Equipment:                                                                           | Ok         |
| Carbon Monoxide Detector:                                                                    | Ok         |
| Cleaning of Apartment:                                                                       | Ok         |
| Clear Storage Locker:                                                                        | N/A        |
| Closet Shelves:                                                                              | Ok         |
| Common Area damaged during moveout:                                                          | Ok         |
| Door Intercom System:                                                                        | N/A        |
| Exhaust Fan:                                                                                 | Ok         |
| Fan Blades:                                                                                  | Ok         |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok         |
| Date of Installation                                                                         | 2021-09-06 |
| Light Globes:                                                                                | Ok         |
| Mini Blind(s) each:                                                                          | Ok         |
| Outside Lights:                                                                              | N/A        |
| Phone Jack:                                                                                  | Ok         |
| Rallings:                                                                                    | N/A        |

|                                          |     |
|------------------------------------------|-----|
| Removal Of Bulk Items:                   | N/A |
| Remove Debris (Per Bag):                 | N/A |
| 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:                     | N/A |
| Vinly Tile Kitchen:                      | N/A |
| Was personal property left behind?:      | No  |
| Charges Type                             |     |
| Charges                                  | 0   |
| Was the resident locked out?:            | No  |
| Charges Type                             |     |
| Charges                                  | 0   |
| 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> <div>Lindy Community Representative Name</div> <div>Billie Schott</div> </div> |  |

A handwritten signature in black ink, appearing to be 'Billie Schott', written in a cursive style.

|                                      |               |
|--------------------------------------|---------------|
| Technician                           | Billie Schott |
| Resident not available for signature | YES           |
| Resident refused Signature           | NO            |