



## Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property      | Units |
|-----------------|-------------|---------------|-------|
| 09-07-2021      | Nate Morton | Bromley House | B403  |

|                              |                  |
|------------------------------|------------------|
| Resident Name                | Yolanda Kittrell |
| Forwarding Mailing Address   | Not Available    |
| Date Resident Turned in Keys | Sep-03-2021      |

| LIVING ROOM:       |        |
|--------------------|--------|
| Ceilings / Lights: | Ok     |
| Door / Closet:     | Ok     |
| Other:             | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Shelf  |



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

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

|                   |    |
|-------------------|----|
| Window:           | Ok |
| Window coverings: | Ok |

|                        |    |
|------------------------|----|
| <b>KITCHEN:</b>        |    |
| Backsplash:            | Ok |
| Cabinets:              | Ok |
| Ceiling Fan:           | Ok |
| Ceiling Light Fixture: | Ok |
| Ceiling Lights:        | Ok |
| Cleaning of Stove:     | Ok |
| Counter Top:           | Ok |

|                    |    |
|--------------------|----|
| <b>Dishwasher:</b> |    |
| Dishwasher Knob:   | Ok |

|                    |    |
|--------------------|----|
| <b>Dishwasher:</b> |    |
| Dishwasher Rack:   | Ok |

|                               |    |
|-------------------------------|----|
| <b>Dishwasher:</b>            |    |
| 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 |

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven Cleaning:       | Ok |

|                         |    |
|-------------------------|----|
| <b>Oven / Range:</b>    |    |
| Oven door handle:       | Ok |
| <b>Oven / Range:</b>    |    |
| Oven drip pan:          | Ok |
| <b>Oven / Range:</b>    |    |
| Oven knobs:             | Ok |
| <b>Oven / Range:</b>    |    |
| Oven Racks:             | Ok |
| <b>Oven / Range:</b>    |    |
| Range burners:          | Ok |
| <b>Oven / Range:</b>    |    |
| Range Hood:             | 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 |

|                    |        |
|--------------------|--------|
| <b>BEDROOMS:</b>   |        |
| Ceilings / Lights: | Ok     |
| Door / Closet:     | Ok     |
| Floors / Carpet:   | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Dirty  |



|              |         |
|--------------|---------|
| Other:       | Not Ok  |
| Charges Type | Clean   |
| Charges      |         |
| Comment      | Dresser |



|                  |            |
|------------------|------------|
| Walls / Outlets: | Not Ok     |
| Charges Type     | Clean      |
| Charges          |            |
| Comment          | Dark paint |



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

| <b>CARPET:</b>            |    |
|---------------------------|----|
| Burns:                    | Ok |
| Deodorize:                | Ok |
| Pet Treatment (Odor):     | Ok |
| Replace Carpet 1 Bedroom: | Ok |
| Replace Carpet 2 Bedroom: | Ok |
| Shampoo 1 Bedroom:        | Ok |
| Shampoo 2 Bedroom:        | Ok |
| Stain Removal:            | Ok |

| <b>MISCELLANEOUS:</b>               |    |
|-------------------------------------|----|
| 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 |
| 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 |

|                                          |    |
|------------------------------------------|----|
| <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>Nate Morton</div> </div> |  |

A handwritten signature in black ink, appearing to be 'Nate Morton'.

|                                      |             |
|--------------------------------------|-------------|
| Technician                           | Nate Morton |
| Resident not available for signature | YES         |
| Resident refused Signature           | NO          |