



# Move Out Inventory & Condition Form

| Inspection Date | Technician   | Property     | Units |
|-----------------|--------------|--------------|-------|
| 09-13-2024      | Dudlow Blake | Joshua House | B0108 |

|                              |                 |
|------------------------------|-----------------|
| Resident Name                | Da'Shaun Canady |
| Forwarding Mailing Address   | Not Available   |
| Date Resident Turned in Keys | Sep-13-2024     |

| LIVING ROOM:       |              |
|--------------------|--------------|
| Ceilings / Lights: | Ok           |
| Door / Closet:     | Not Ok       |
| Charges Type       | Replace      |
| Charges            |              |
| Comment            | Replace door |



|                  |        |
|------------------|--------|
| Other:           | Ok     |
| Walls / Outlets: | Not Ok |
| Charges Type     | Repair |
| Charges          |        |
| Comment          | Repair |



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

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

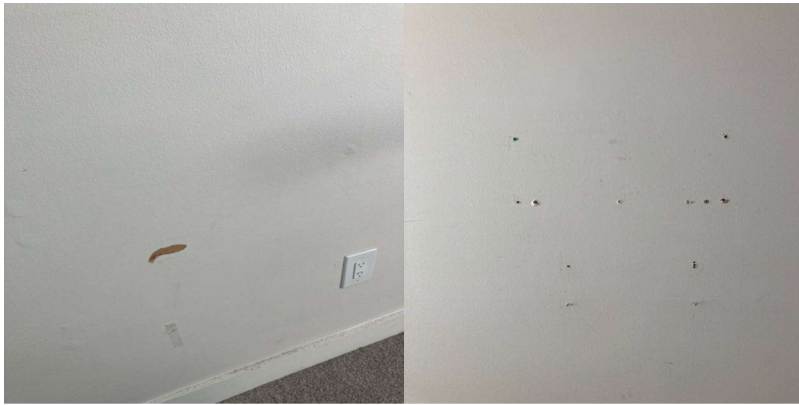
| KITCHEN:               |          |
|------------------------|----------|
| Backsplash:            | Ok       |
| Cabinets:              | Ok       |
| Ceiling Fan:           | Ok       |
| Ceiling Light Fixture: | Ok       |
| Ceiling Lights:        | Ok       |
| Cleaning of Stove:     | Not Ok   |
| Charges Type           | Clean    |
| Charges                |          |
| Comment                | Cleaning |



|              |    |
|--------------|----|
| Counter Top: | Ok |
|--------------|----|

|                                                                                               |    |
|-----------------------------------------------------------------------------------------------|----|
| Dishwasher:                                                                                   | Ok |
| Drip Pan:                                                                                     | Ok |
| Electric Meter:                                                                               | Ok |
| Faucet:                                                                                       | Ok |
| Faucet Knobs:                                                                                 | 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 |
| Verify that either a Fire Stop (under the microwave) or FireAvert (behind the stove) exists.: | Ok |
| Wall Outlets:                                                                                 | Ok |
| Washer/Dryer:                                                                                 | Ok |
| Window Coverings:                                                                             | Ok |

| <b>BEDROOMS:</b>   |        |
|--------------------|--------|
| Ceilings / Lights: | Ok     |
| Door / Closet:     | Ok     |
| Floors / Carpet:   | Ok     |
| Other:             | Ok     |
| Walls / Outlets:   | Not Ok |
| Charges Type       | Repair |
| Charges            |        |
| Comment            | Repair |



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

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



|                                                            |    |
|------------------------------------------------------------|----|
| 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:   | Not Ok  |
| Charges Type                     | Replace |
| Charges                          |         |
| Comment                          | Replace |

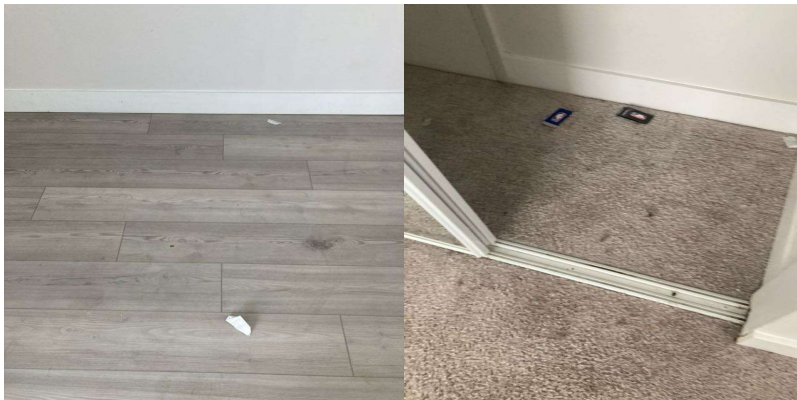
|                                      |    |
|--------------------------------------|----|
| <b>DOORS:</b>                        |    |
| Apartment Door:                      | Ok |
| Apartment Door closes automatically: | Ok |
| Frame:                               | Ok |
| Hollow:                              | 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>            |         |
|---------------------------|---------|
| Replace Carpet 1 Bedroom: | Not Ok  |
| Charges Type              | Replace |
| Charges                   |         |
| Comment                   | Replace |



| <b>MISCELLANEOUS:</b>           |          |
|---------------------------------|----------|
| Broken Window Glass (Per Pane): | Ok       |
| Cabinet Equipment:              | Ok       |
| Carbon Monoxide Detector:       | Ok       |
| Cleaning of Apartment:          | Not Ok   |
| Charges Type                    | Clean    |
| Charges                         |          |
| Comment                         | Cleaning |



|                                                                                              |            |
|----------------------------------------------------------------------------------------------|------------|
| 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         |
| Date of Installation                                                                         | 2019-09-13 |
| 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 |  |
|----------|--|

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