

## **Move Out Inventory & Condition Form**

| Inspection Date | Technician     | Property   | Units |
|-----------------|----------------|------------|-------|
| 09-15-2025      | Kenneth Poteat | 251 Dekalb | W0417 |

| Resident Name   | Ramon Torres  |
|---|---------------|
| Forwarding Mailing Address  | Not Available |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | Sep-15-2025   |

| LIVING ROOM: |                     |
|--------------|---------------------|
| Other:       | Not Ok              |
| Charges Type | Clean               |
| Charges      |                     |
| Comment      | Funny smell in unit |



| 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:                                 | Ok |
| Counter Top:                                       | Ok |
| Dishwasher:  | 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 |
| 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 |
| Wall Outlets:                                      | Ok |
| Washer/Dryer:                                      | Ok |
| Window Coverings:                                  | Ok |

| BEDROOMS:        |                               |
|------------------|-------------------------------|
| Walls / Outlets: | Not Ok                        |
| Charges Type     | Repair                        |
| Charges          |                               |
| Comment          | Nails and hooks left in walls |



| BATHROOM:      |                      |
|----------------|----------------------|
| Tub Reglazing: | Not Ok               |
| Charges Type   | Repair               |
| Charges        |                      |
| Comment        | Normal wear and tear |



| 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 |

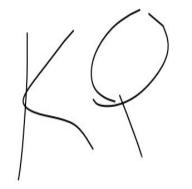
| CARPET:                   |    |
|---------------------------|----|
| Burns:                    | Ok |
| Deodorize:                | Ok |
| Pet Treatment (Odor):     | Ok |
| Replace Carpet 1 Bedroom: | Ok |
| Replace Carpet 2 Bedroom: | Ok |
| Shampoo 1 Bedroom:        | Ok |
| Shampoo 2 Bedroom: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

| 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:                              | Ol |
|--|----|
| Rallings:                                | Ol |
| Removal Of Bulk Items:                   | Ol |
| Remove Debris (Per Bag):                 | Ol |
| Sliding Mirror/Glass Door (2):           | Ol |
| Smoke Detector Alarm:                    | Ol |
| Stoppage by foreign object in any drain: | Ol |
| Switch Plate Covers:                     | Ol |
| Thermostat Cover:                        | Ol |
| Vertical Blinds:                         | Ol |
| Vinly Tile Bathroom:                     | Ol |
| Vinly Tile Kitchen:                      | Ol |
| Was personal property left behind?:      | No |
| Charges Type                             |    |
| Charges                                  | 0  |
| Window Screen(s) each:                   | Ol |
| Window Sills:                            | Ol |

| OVERALL:                                 |    |
|--|----|
| Signs of Moisture inside the apartment:  | Ok |
| Signs of Moisture outside the apartment: | Ok |

| Resident                            |                |
|-------------------------------------|----------------|
|                                     |                |
|                                     |                |
|                                     |                |
|                                     |                |
|                                     |                |
|                                     |                |
|                                     |                |
|                                     |                |
| Lindy Community Representative Name | Kenneth Poteat |



| Technician                           | Kenneth Poteat |
|--------------------------------------|----------------|
| Resident not available for signature | YES            |
| Resident refused Signature           | NO             |