



# Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property    | Units |
|-----------------|-------------|-------------|-------|
| 09-27-2021      | Dave Kimmel | Meadowbrook | 839   |

|                              |                |
|------------------------------|----------------|
| Resident Name                | Sara (Morales) |
| Forwarding Mailing Address   | Not Available  |
| Date Resident Turned in Keys | Not Available  |

| LIVING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Other:             | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

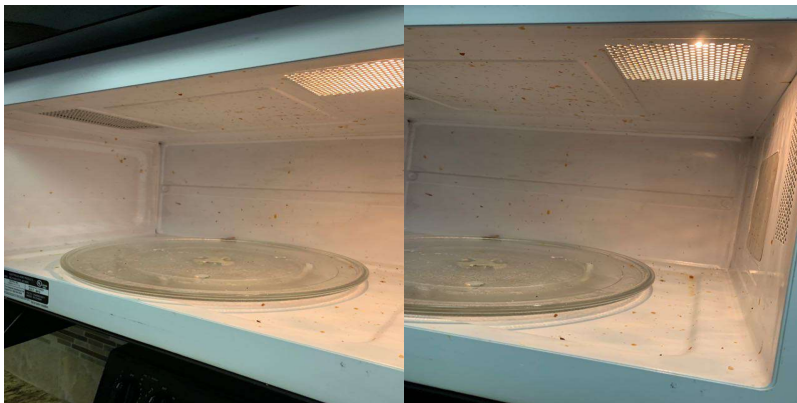
| DINING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

| 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                             |
| Fire Stops:       | Ok                             |
| Floors:           | Ok                             |
| Formica/Tiles:    | Ok                             |
| Garbage Disposal: | Not Ok                         |
| Charges Type      | Replace                        |
| Charges           |                                |
| Comment           | Microwave is jammed and broken |



|               |                     |
|---------------|---------------------|
| Kitchen Sink: | Ok                  |
| Microwave:    | Not Ok              |
| Charges Type  | Clean               |
| Charges       |                     |
| Comment       | Microwave is filthy |



|                   |    |
|-------------------|----|
| Other:            | Ok |
| Oven Door Handle: | Ok |
| Oven Racks:       | Ok |
| Range Top:        | 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       | Replace                     |
| Charges            |                             |
| Comment            | Carpet torn up at threshold |



|                   |    |
|-------------------|----|
| 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:                                          | Not Ok |
| Charges Type                                               | Clean  |

|         |                            |
|---------|----------------------------|
| Charges |                            |
| Comment | Medicine cabinet is filthy |



|                         |    |
|-------------------------|----|
| Mirror Cabinet:         | Ok |
| Other:                  | Ok |
| Remove Mildew on Tiles: | 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 |

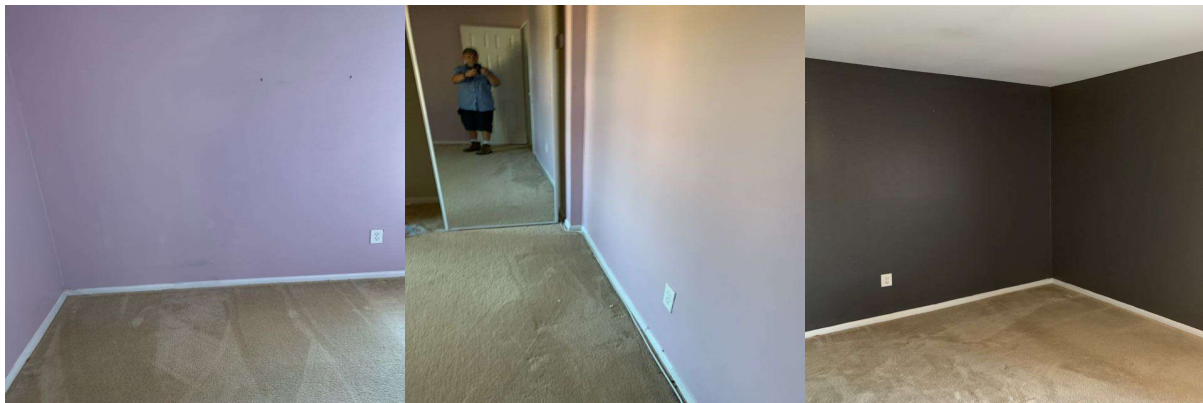
|                                                                           |    |
|---------------------------------------------------------------------------|----|
| <b>LOCKS:</b>                                                             |    |
| Door Knob:                                                                | 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 |
|--------------------------------|----|

| DOORS:              |    |
|---------------------|----|
| Apartment Door:     | 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): | Not Ok                                                  |
| Charges Type                 | Replace                                                 |
| Charges                      |                                                         |
| Comment                      | Hass to be repaintedOne of the rooms was paint it black |



|                               |    |
|-------------------------------|----|
| 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 |
| 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                                                                                                                                                                |             |
|                                                                                                                                                                         |             |
| Lindy Community Representative Name                                                                                                                                     | Dave Kimmel |
| <br> |             |
| Technician                                                                                                                                                              | Dave Kimmel |
| Resident not available for signature                                                                                                                                    | YES         |
| Resident refused Signature                                                                                                                                              | NO          |