



# Move Out Inventory & Condition Form

| Inspection Date | Technician     | Property      | Units |
|-----------------|----------------|---------------|-------|
| 10-02-2020      | Felicia Howell | Regency House | 220   |

|                              |                                   |
|------------------------------|-----------------------------------|
| Resident Name                | Hakeem Livingston                 |
| Forwarding Mailing Address   | 1 market st #450 Camden, NJ 08102 |
| Date Resident Turned in Keys | Sep-28-2020                       |

|                                |    |
|--------------------------------|----|
| <b>LIVING ROOM:</b>            |    |
| Walls / Outlets:               | Ok |
| Ceilings / Lights:             | Ok |
| Window:                        | Ok |
| Door / Closet:                 | Ok |
| Window coverings:              | Ok |
| Other:                         | Ok |
| <b>DINING ROOM:</b>            |    |
| Walls / Outlets:               | Ok |
| Ceilings / Lights:             | Ok |
| Window:                        | Ok |
| Window coverings:              | Ok |
| <b>KITCHEN:</b>                |    |
| Electric Meter:                | Ok |
| Cabinets:                      | Ok |
| Cabinet Door:                  | Ok |
| Cabinet Shelf:                 | Ok |
| Cabinet Handle:                | Ok |
| Counter Top:                   | Ok |
| Refrigerator (Freezer):        | Ok |
| Refrigerator (Shelf and Bars): | Ok |

|                                     |           |
|-------------------------------------|-----------|
| Refrigerator (Drawers):             | Ok        |
| Refrigerator Crisper Glass/Plastic: | Ok        |
| Cleaning Refrigerator:              | Not Ok    |
| Charges Type                        | Clean     |
| Charges                             |           |
| Comment                             | Uncleaned |



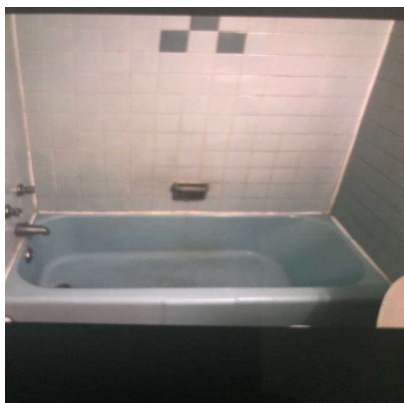
|                               |           |
|-------------------------------|-----------|
| Dishwasher Rack:              | Ok        |
| Dishwasher Silverware Holder: | Ok        |
| Dishwasher Knob:              | Ok        |
| Fire Stops:                   | Ok        |
| Formica/Tiles:                | Ok        |
| Stove Knob:                   | Ok        |
| Microwave:                    | Ok        |
| Cleaning of Stove:            | Not Ok    |
| Charges Type                  | Clean     |
| Charges                       |           |
| Comment                       | Uncleaned |



|                   |    |
|-------------------|----|
| Ceiling Lights:   | Ok |
| Garbage Disposal: | Ok |

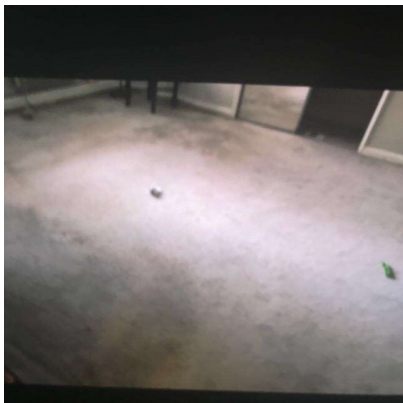
|                        |    |
|------------------------|----|
| Rubber Stopper:        | Ok |
| Oven Door Handle:      | Ok |
| Oven Racks:            | Ok |
| Kitchen Sink:          | Ok |
| Faucet Knobs:          | Ok |
| Floors:                | Ok |
| Faucet:                | Ok |
| Drip Pan:              | Ok |
| Range Hood:            | Ok |
| Range Top:             | Ok |
| Ceiling Light Fixture: | Ok |
| Backsplash:            | Ok |
| Ceiling Fan:           | Ok |
| Washer/Dryer:          | Ok |
| Wall Outlets:          | Ok |
| Window Coverings:      | Ok |
| Other:                 | Ok |
| <b>BEDROOMS:</b>       |    |
| Walls / Outlets:       | Ok |
| Ceilings / Lights:     | Ok |
| Floors / Carpet:       | Ok |
| Window:                | Ok |
| Window coverings:      | Ok |
| Door / Closet:         | Ok |
| Other:                 | Ok |
| <b>BATHROOM:</b>       |    |
| Medicine Cabinet:      | Ok |
| Mirror Cabinet:        | Ok |
| Vanity Cabinet:        | Ok |
| Sink:                  | Ok |
| Toilet Tank Cover:     | Ok |
| Toilet Tank:           | Ok |
| Toilet Bowl:           | Ok |
| Complete Toilet:       | Ok |

|                         |           |
|-------------------------|-----------|
| Toilet Paper Holder:    | Ok        |
| Shower Head:            | Ok        |
| Tub Knob(s):            | Ok        |
| Shower Curtain Bar:     | Ok        |
| Towel Bar:              | Ok        |
| Tub Reglazing:          | Ok        |
| Counter Top:            | Ok        |
| Soap Dish (Sink):       | Ok        |
| Soad Dish (Tub):        | Ok        |
| Remove Mildew on Tiles: | Ok        |
| Cleaning Bathroom:      | Not Ok    |
| Charges Type            | Clean     |
| Charges                 |           |
| Comment                 | Uncleaned |



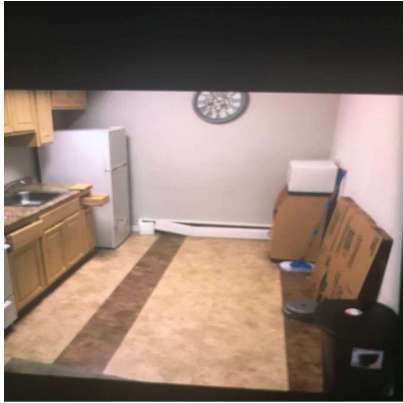
|                                                            |    |
|------------------------------------------------------------|----|
| Wall Outlets:                                              | Ok |
| Ceiling Lights:                                            | Ok |
| Floors:                                                    | Ok |
| Formica /Tile:                                             | Ok |
| Cabinets / Mirror:                                         | Ok |
| Window:                                                    | Ok |
| Other:                                                     | Ok |
| Is there signs of moisture from outside in the apartment?: | Ok |
| <b>LOCKS:</b>                                              |    |
| Door Lock:                                                 | Ok |
| Door Knob:                                                 | Ok |
| Fix Door when extra lock is removed:                       | Ok |

|                                                                           |           |
|---------------------------------------------------------------------------|-----------|
| Mail-Box Lock:                                                            | Ok        |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok        |
| <b>KEYS:</b>                                                              |           |
| Failure To Return Apartment Key:                                          | Ok        |
| Failure To Return Mailbox Key:                                            | Ok        |
| <b>DOORS:</b>                                                             |           |
| Apartment Door:                                                           | Ok        |
| Solid Core & Steel:                                                       | Ok        |
| Frame:                                                                    | Ok        |
| Hollow:                                                                   | Ok        |
| <b>PAINTING:</b>                                                          |           |
| Over Dark Colors (Per Room):                                              | Ok        |
| Holes in Walls (Each Hole):                                               | Ok        |
| Wallpaper Removal (Per Room):                                             | Ok        |
| Border Removal (Per Room):                                                | Ok        |
| <b>CARPET:</b>                                                            |           |
| Shampoo 1 Bedroom:                                                        | Not Ok    |
| Charges Type                                                              | Clean     |
| Charges                                                                   |           |
| Comment                                                                   | Uncleaned |



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

|                                          |                   |
|------------------------------------------|-------------------|
| Replace Carpet 2 Bedroom:                | Ok                |
| <b>MISCELLANEOUS:</b>                    |                   |
| Remove Debris (Per Bag):                 | Ok                |
| Removal Of Bulk Items:                   | Ok                |
| Clear Storage Locker:                    | Ok                |
| Closet Shelves:                          | Ok                |
| Window Sills:                            | Ok                |
| Window Screen(s) each:                   | Ok                |
| Broken Window Glass (Per Pane):          | Ok                |
| Mini Blind(s) each:                      | Ok                |
| Vertical Blinds:                         | Ok                |
| Sliding Mirror/Glass Door (2):           | Ok                |
| Carbon Monoxide Detector:                | Ok                |
| Smoke Detector Alarm:                    | Ok                |
| Fire extinguisher:                       | Ok                |
| Cabinet Equipment:                       | Ok                |
| Vinly Tile Kitchen:                      | Ok                |
| Vinly Tile Bathroom:                     | Ok                |
| Exhaust Fan:                             | Ok                |
| Phone Jack:                              | Ok                |
| Fan Blades:                              | Ok                |
| Light Globes:                            | Ok                |
| Door Intercom System:                    | Ok                |
| Switch Plate Covers:                     | Ok                |
| Rallings:                                | Ok                |
| Outside Lights:                          | Ok                |
| Stoppage by foreign object in any drain: | Ok                |
| Thermostat Cover:                        | Ok                |
| Cleaning of Apartment:                   | Ok                |
| Comment                                  | Items left behind |



|                                                                                              |                |
|----------------------------------------------------------------------------------------------|----------------|
| Common Area damaged during moveout:                                                          | Ok             |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok             |
| <b>OVERALL:</b>                                                                              |                |
| Signs of Moisture outside the apartment:                                                     | Ok             |
| Signs of Moisture inside the apartment:                                                      | Ok             |
| Resident                                                                                     |                |
|                                                                                              |                |
| Lindy Community Representative Name                                                          | Felicia Howell |
|                                                                                              |                |
| Technician                                                                                   | Felicia Howell |
| Resident not available for signature                                                         | YES            |
| Resident refused Signature                                                                   | NO             |