

Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|--------------|-------------------------|-------|
| 10-02-2025 | Thomas Mette | The Emerald at Lansdale | 318 |

| Resident Name | James Lathrop |
|---------------------------------------------------------------------------------|---------------|
| Forwarding Mailing Address | Not Available |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | Oct-01-2025 |

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

| DINING ROOM: | |
|------------------|------------------------|
| Walls / Outlets: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Remove and repair wall |



Window: Ok

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

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



| Drip Pan: | Ok |
|----------------------------------------------------|-----------------|
| Faucet: | Ok |
| Faucet Knobs: | Ok |
| Floors: | Ok |
| Formica/Tiles: | Ok |
| Is there a FireAvert red box, plug, and solenoid?: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | 1 will be added |



| Kitchen Sink: | Ok |
|-------------------|----|
| Microwave: | Ok |
| 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 |

| BEDROOMS: | |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |
| Floors / Carpet: | Ok |
| Other: | Ok |
| Walls / Outlets: | Ok |
| Window: | Ok |
| Window coverings: | Ok |

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



| Complete Toilet: | 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: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Not clean |



| Soad Dish (Tub): | Ok |
|----------------------|--------|
| Toilet Paper Holder: | Ok |
| Toilet Tank: | Not Ok |
| Charges Type | Clean |
| Charges | |

Comment Not clean



| Towel Bar: | Ok |
|-----------------|----|
| Tub Knob(s): | Ok |
| Tub Reglazing: | Ok |
| Vanity Cabinet: | Ok |
| Wall Outlets: | Ok |
| Window: | Ok |

| 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 |
| Clear Storage Locker: | Ok |
| Closet Shelves: | Ok |
| Door Intercom System: | Ok |
| Exhaust Fan: | Ok |
| Fan Blades: | Ok |
| Light Globes: | Ok |
| Mini Blind(s) each: | Ok |
| Phone Jack: | Ok |
| Removal Of Bulk Items: | Ok |
| Remove Debris (Per Bag): | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Trash |



| Sliding Mirror/Glass Door (2): | | Ok |
|------------------------------------------|-----|--------|
| Smoke Detector Alarm: | | Ok |
| Switch Plate Covers: | | Ok |
| Vertical Blinds: | | Ok |
| Vinly Tile Bathroom: | | Ok |
| Vinly Tile Kitchen: | | Ok |
| Was personal property left behind?: | | Yes |
| Estimated Value of Personal Property is. | \$0 | |
| Was the resident locked out?: | | Not Ok |
| Charges Type | | |
| Charges | | 0 |
| Window Screen(s) each: | | Ok |
| | | |

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| Lindy Community Representative Name | Thomas Mette |
|-------------------------------------|--------------|



| Technician | Thomas Mette |
|--------------------------------------|--------------|
| Resident not available for signature | YES |
| Resident refused Signature | NO |