



# Move Out Inventory & Condition Form

| Inspection Date | Technician | Property   | Units |
|-----------------|------------|------------|-------|
| 10-03-2022      | Mike Gray  | 251 Dekalb | W0501 |

|                              |                 |
|------------------------------|-----------------|
| Resident Name                | Joseph Homan II |
| Forwarding Mailing Address   | Not Available   |
| Date Resident Turned in Keys | Oct-03-2022     |

| 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 |
| Cabinets:       |    |
| Cabinet Door:   | Ok |
| Cabinets:       |    |
| Cabinet Handle: | Ok |

|                        |  |        |
|------------------------|--|--------|
| <b>Cabinets:</b>       |  |        |
| Cabinet Shelf:         |  | Ok     |
| Ceiling Fan:           |  | Ok     |
| Ceiling Light Fixture: |  | Ok     |
| Ceiling Lights:        |  | Ok     |
| Cleaning of Stove:     |  | Not Ok |
| Charges Type           |  | Clean  |
| Charges                |  |        |
| Comment                |  | Dirty  |



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

|                    |  |    |
|--------------------|--|----|
| <b>Dishwasher:</b> |  |    |
| Dishwasher Knob:   |  | Ok |

|                    |  |    |
|--------------------|--|----|
| <b>Dishwasher:</b> |  |    |
| Dishwasher Rack:   |  | Ok |

|                               |  |    |
|-------------------------------|--|----|
| <b>Dishwasher:</b>            |  |    |
| Dishwasher Silverware Holder: |  | 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 |

  

|                      |        |
|----------------------|--------|
| <b>Oven / Range:</b> |        |
| Oven Cleaning:       | Not Ok |
| Charges Type         | Clean  |
| Charges              |        |
| Comment              | Dirty  |

  



  

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven door handle:    | Ok |

  

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven drip pan:       | Ok |

  

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven knobs:          | Ok |

  

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven Racks:          | Ok |

  

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Range burners:       | Ok |

  

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Range Hood:          | Ok |

  

|                   |    |
|-------------------|----|
| Oven Door Handle: | Ok |
| Oven Racks:       | Ok |
| Range Top:        | Ok |

|                                                                                               |    |
|-----------------------------------------------------------------------------------------------|----|
| <b>Refrigerator (Freezer):</b>                                                                |    |
| Cleaning Refrigerator:                                                                        | Ok |
| <b>Refrigerator (Freezer):</b>                                                                |    |
| Refrigerator (Drawers):                                                                       | Ok |
| <b>Refrigerator (Freezer):</b>                                                                |    |
| Refrigerator (Shelf and Bars):                                                                | Ok |
| <b>Refrigerator (Freezer):</b>                                                                |    |
| Refrigerator Crisper Glass/Plastic:                                                           | 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:   | 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:                                          | 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:   | Ok |

| <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>            |    |
|---------------------------|----|
| 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 |

| <b>MISCELLANEOUS:</b>                                                                        |    |
|----------------------------------------------------------------------------------------------|----|
| 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 | Mike Gray |
|-------------------------------------|-----------|



|                                      |           |
|--------------------------------------|-----------|
| Technician                           | Mike Gray |
| Resident not available for signature | YES       |
| Resident refused Signature           | NO        |