

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

| <b>Inspection Date</b> | Technician   | Property       | Units |
|------------------------|--------------|----------------|-------|
| 10-06-2020             | Ketty Bailey | Rosedale Court | A06   |

| Resident Name                | Agnes Hood    |
|------------------------------|---------------|
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | Oct-02-2020   |

| LIVING ROOM:                   |    |
|--------------------------------|----|
| Walls / Outlets:               | Ok |
| Ceilings / Lights:             | Ok |
| Window:                        | Ok |
| Door / Closet:                 | Ok |
| Window coverings:              | Ok |
| Other:                         | Ok |
| DINING ROOM:                   |    |
| Walls / Outlets:               | Ok |
| Ceilings / Lights:             | Ok |
| Window:                        | Ok |
| Window coverings:              | Ok |
| KITCHEN:                       |    |
| 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:              | Ok |
| Dishwasher Rack:                    | Ok |
| Dishwasher Silverware Holder:       | Ok |
| Dishwasher Knob:                    | Ok |
| Fire Stops:                         | Ok |
| Formica/Tiles:                      | Ok |
| Stove Knob:                         | Ok |
| Microwave:                          | Ok |
| Cleaning of Stove:                  | Ok |
| 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 |
| BEDROOMS:                           |    |
| Walls / Outlets:                    | Ok |
| Ceilings / Lights:                  | Ok |
| Floors / Carpet:                    | Ok |

| Window:  | Ok |
|--|----|
| Window coverings:  | Ok |
| Door / Closet:   | Ok |
| Other:   | Ok |
| BATHROOM:  |    |
| 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:   | Ok |
| 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 |
| LOCKS:   |    |
| 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 |
| KEYS:   |    |
| Failure To Return Apartment Key:  | Ok |
| Failure To Return Mailbox Key:  | Ok |
| DOORS:  |    |
| Apartment Door:   | Ok |
| Solid Core & Steel:   | Ok |
| Frame:  | Ok |
| Hollow:   | Ok |
| PAINTING:   |    |
| Over Dark Colors (Per Room):  | Ok |
| Holes in Walls (Each Hole):   | Ok |
| Wallpaper Removal (Per Room):   | Ok |
| Border Removal (Per Room):  | Ok |
| Resident  |    |

Lindy Community Representative Name

Ketty Bailey



| Technician                           | Ketty Bailey |
|--------------------------------------|--------------|
| Resident not available for signature | YES          |
| Resident refused Signature           | NO           |