



# Move Out Inventory & Condition Form

| Inspection Date | Technician     | Property             | Units |
|-----------------|----------------|----------------------|-------|
| 10-07-2021      | Stephen Cicala | 450 Green Apartments | D102  |

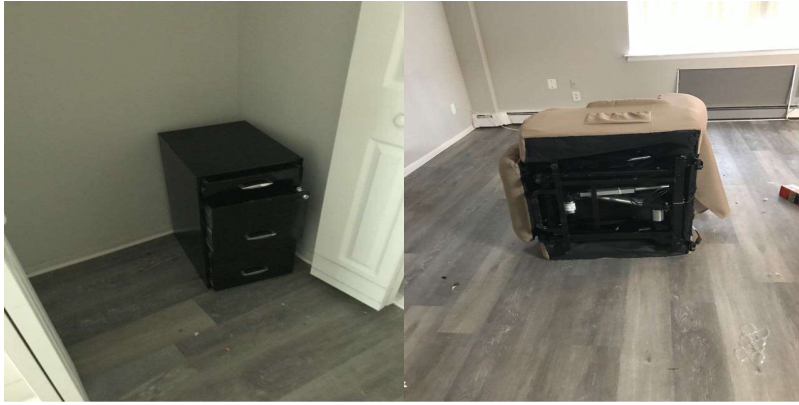
|                              |                |
|------------------------------|----------------|
| Resident Name                | Victoria Perry |
| Forwarding Mailing Address   | Not Available  |
| Date Resident Turned in Keys | Oct-06-2021    |

| Amenities to be added to this Unit |
|------------------------------------|
| Quartz Countertops                 |

| LIVING ROOM:       |               |
|--------------------|---------------|
| Ceilings / Lights: | Not Ok        |
| Charges Type       | Repair        |
| Charges            |               |
| Comment            | Needs paining |



|                |            |
|----------------|------------|
| Door / Closet: | Ok         |
| Other:         | Not Ok     |
| Charges Type   | Clean      |
| Charges        |            |
| Comment        | Bulk items |



|                   |    |
|-------------------|----|
| Walls / Outlets:  | Ok |
| Window:           | Ok |
| Window coverings: | Ok |

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

|                  |    |
|------------------|----|
| <b>KITCHEN:</b>  |    |
| Backsplash:      | Ok |
| <b>Cabinets:</b> |    |
| Cabinet Door:    | Ok |
| <b>Cabinets:</b> |    |
| Cabinet Handle:  | Ok |

|                  |                |
|------------------|----------------|
| <b>Cabinets:</b> |                |
| Cabinet Shelf:   | Not Ok         |
| Charges Type     | Clean          |
| Charges          |                |
| Comment          | Needs cleaning |



|                        |    |
|------------------------|----|
| Ceiling Fan:           | Ok |
| Ceiling Light Fixture: | Ok |
| Ceiling Lights:        | Ok |
| Cleaning of Stove:     | Ok |
| 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 |
| Fire Stops:       | Ok |
| Floors:           | Ok |
| Formica/Tiles:    | Ok |
| Garbage Disposal: | Ok |

|               |               |
|---------------|---------------|
| Kitchen Sink: | Ok            |
| Microwave:    | Ok            |
| Other:        | Not Ok        |
| Charges Type  | Clean         |
| Charges       |               |
| Comment       | Remove items. |



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



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

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

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

| Oven / Range: |    |
|---------------|----|
| Oven Racks:   | Ok |

| Oven / Range:  |    |
|----------------|----|
| Range burners: | Ok |

| Oven / Range: |    |
|---------------|----|
| Range Hood:   | Ok |

|                   |    |
|-------------------|----|
| Oven Door Handle: | Ok |
|-------------------|----|

|             |    |
|-------------|----|
| Oven Racks: | Ok |
|-------------|----|

|            |    |
|------------|----|
| Range Top: | Ok |
|------------|----|

| Refrigerator (Freezer): |                |
|-------------------------|----------------|
| Cleaning Refrigerator:  | Not Ok         |
| Charges Type            | Clean          |
| Charges                 |                |
| Comment                 | Needs cleaning |



| Refrigerator (Freezer): |    |
|-------------------------|----|
| Refrigerator (Drawers): | Ok |

| Refrigerator (Freezer):        |    |
|--------------------------------|----|
| Refrigerator (Shelf and Bars): | Ok |

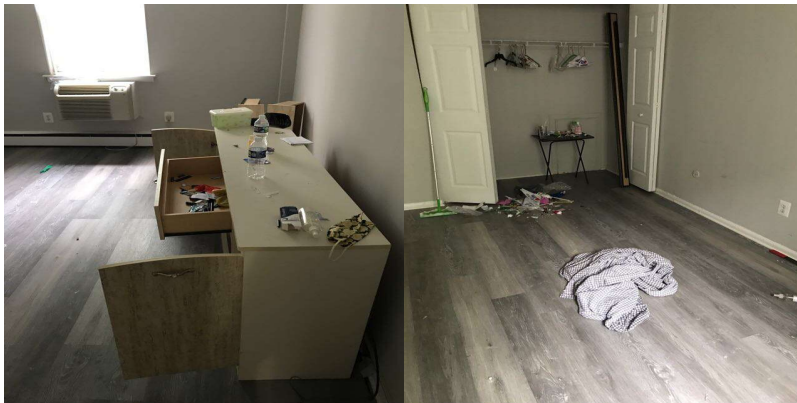
| Refrigerator (Freezer):             |    |
|-------------------------------------|----|
| Refrigerator Crisper Glass/Plastic: | Ok |

|                 |    |
|-----------------|----|
| 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:             | Not Ok                |
| Charges Type       | Clean                 |
| Charges            |                       |
| Comment            | Remove bulk and clean |



|                   |    |
|-------------------|----|
| Walls / Outlets:  | Ok |
| Window:           | Ok |
| Window coverings: | Ok |

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



|  |                |
|--|----------------|
| 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:  | Not Ok         |
| Charges Type   | Clean          |
| Charges  |                |
| Comment  | Needs cleaning |



|                      |    |
|----------------------|----|
| 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: | Not Ok         |
| Charges Type    | Clean          |
| Charges         |                |
| Comment         | Needs cleaning |



|               |    |
|---------------|----|
| 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 |
| 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  |
| If there are sprinkler heads, are they painted?:   | Yes |
| If there are sprinklers, are the sprinkler pipes painted?:                                   | Yes |
| 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 | Stephen Cicala |
|-------------------------------------|----------------|

SC

|                                      |                |
|--------------------------------------|----------------|
| Technician                           | Stephen Cicala |
| Resident not available for signature | YES            |
| Resident refused Signature           | NO             |