



# Move Out Inventory & Condition Form

| Inspection Date | Technician     | Property | Units  |
|-----------------|----------------|----------|--------|
| 10-09-2021      | Andrea Reusser | Enclaves | 3906B4 |

|                              |                      |
|------------------------------|----------------------|
| Resident Name                | Harigopal Srinivas   |
| Forwarding Mailing Address   | See memo for address |
| Date Resident Turned in Keys | Oct-09-2021          |

| 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:   | Not Ok                   |
| Charges Type       | Repair                   |
| Charges            |                          |
| Comment            | Crayon or marker on wall |



|                   |    |
|-------------------|----|
| 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:   | Ok |

|                        |   |
|------------------------|---|
| Ceiling Fan:           | Ok  |
| Ceiling Light Fixture: | Ok  |
| Ceiling Lights:        | Ok  |
| Cleaning of Stove:     | Not Ok  |
| Charges Type           | Clean   |
| Charges                |   |
| Comment                | Stove top needs scraped with razor or ceramic cleaner |



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

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

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

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

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|-------------------|----|
| 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:            | Ok |

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

|                      |  |    |
|----------------------|--|----|
| <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:         | Not Ok           |
| Charges Type                   | Clean            |
| Charges                        |                  |
| Comment                        | Rusty? Spillage? |


|                                |    |
|--------------------------------|----|
| <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 |
| Wall Outlets:     | Ok |
| Washer/Dryer:     | Ok |
| Window Coverings: | Ok |

| BEDROOMS:          |        |
|--------------------|--------|
| Ceilings / Lights: | Ok     |
| Door / Closet:     | Ok     |
| Floors / Carpet:   | Ok     |
| Other:             | Ok     |
| Walls / Outlets:   | Not Ok |
| Charges Type       | Repair |

|   |  |
|---|--|
| Charges   |  |
| Comment   | Small chips in master bedroom, nail holes Marker or crayon on walls in small bedroom |
|  |  |
| Window:   | Ok   |
| Window coverings:   | Ok   |

| <b>BATHROOM:</b>   |                 |
|--------------------|-----------------|
| Cabinets / Mirror: | Ok              |
| Ceiling Lights:    | Ok              |
| Cleaning Bathroom: | Not Ok          |
| Charges Type       | Clean           |
| Charges            |                 |
| Comment            | Hallway bathtub |



|  |    |
|--|----|
| 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 |

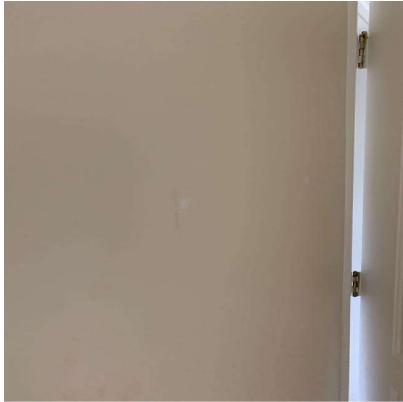
|   |    |
|---|----|
| <b>LOCKS:</b>   |    |
| Door Knob:  | Ok |
| Door Lock:  | Ok |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok |
| Fix Door when extra lock is removed:                                      | Ok |
| Mail-Box Lock:  | Ok |

|                                  |    |
|----------------------------------|----|
| <b>KEYS:</b>                     |    |
| Failure To Return Apartment Key: | Ok |
| Failure To Return Mailbox Key:   | Ok |

|                     |    |
|---------------------|----|
| <b>DOORS:</b>       |    |
| Apartment Door:     | Ok |
| Frame:              | Ok |
| Hollow:             | Ok |
| Solid Core & Steel: | Ok |

|                            |    |
|----------------------------|----|
| <b>PAINTING:</b>           |    |
| Border Removal (Per Room): | Ok |

|                             |                   |
|-----------------------------|-------------------|
| Holes in Walls (Each Hole): | Not Ok            |
| Charges Type                | Repair            |
| Charges                     |                   |
| Comment                     | See bedroom notes |



|                               |    |
|-------------------------------|----|
| 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:          | Not Ok   |
| Charges Type                    | Clean  |
| Charges                         |  |
| Comment                         | See bathroom and kitchen notes, overall mostly clean |



|  |    |
|--|----|
| 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 |



| OVERALL:                                 |    |
|--|----|
| Signs of Moisture inside the apartment:  | Ok |
| Signs of Moisture outside the apartment: | Ok |

|          |  |
|----------|--|
| Resident |  |
|----------|--|



|                                     |                |
|-------------------------------------|----------------|
| Lindy Community Representative Name | Andrea Reusser |
|-------------------------------------|----------------|



|                                      |                |
|--------------------------------------|----------------|
| Technician                           | Andrea Reusser |
| Resident not available for signature | NO             |
| Resident refused Signature           | NO             |