

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

| Inspection Date | Technician   | Property   | Units |
|-----------------|--------------|------------|-------|
| 10-13-2025      | Jason Aleman | 251 Dekalb | W0403 |

| Resident Name   | Anish Deshpande                                       |
|---|---|
| Forwarding Mailing Address  | 751 Hidden Valley Road, King of Prussia, 19406,<br>PA |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | Oct-13-2025   |

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

| D | INING ROOM:       |    |
|---|-------------------|----|
| С | eilings / Lights: | Ok |
| W | alls / Outlets:   | Ok |
| W | /indow:           | Ok |
| W | /indow coverings: | Ok |

| KITCHEN:    |    |
|-------------|----|
| Backsplash: | Ok |
|             |    |

| Cabinets:     |    |
|---------------|----|
| Cabinet Door: | Ok |

| Cabinets:       |    |
|-----------------|----|
| Cabinet Handle: | Ok |

| Cabinets:  |    |    |
|--|----|----|
| Cabinet Shelf:                                     | Ok |    |
| Ceiling Fan:                                       | Ok |    |
| Ceiling Light Fixture:                             | Ok |    |
| Ceiling Lights:                                    | Ok |    |
| Cleaning of Stove:                                 | Ok |    |
| Counter Top:                                       | Ok |    |
| Dishwasher:  |    |    |
| Dishwasher Knob:                                   |    | Ok |
| Dishwasher:  |    |    |
| Dishwasher Rack:                                   |    | Ok |
| Dishwasher:  |    |    |
| Dishwasher Silverware Holder:                      |    | Ok |
| Drip Pan:  | Ok |    |
| Electric Meter:                                    | Ok |    |
| Faucet:  | Ok |    |
| Faucet Knobs:                                      | Ok |    |
| Floors:  | Ok |    |
| Formica/Tiles:                                     | Ok |    |
| Garbage Disposal:                                  | Ok |    |
| Is there a FireAvert red box, plug, and solenoid?: | Ok |    |
| Kitchen Sink:                                      | Ok |    |
| Microwave:   | Ok |    |
| Other:   | Ok |    |
| Oven / Range:                                      |    |    |
| Oven Cleaning:                                     |    | Ok |
| Oven / Range:                                      |    |    |
| Oven door handle:                                  |    | Ok |
| Oven / Range:                                      |    |    |
| Oven drip pan:                                     |    | Ok |

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

| 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:   | 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 |

| 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 |
| 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        |
| 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:   | Not Ok    |
| Charges Type   | Clean     |
| Charges  |           |
| Comment  | Trash out |



| 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 |
| Was personal property left behind?:      | No |

| Charges Type                  |        |
|-------------------------------|--------|
| Charges                       | 0      |
| Was the resident locked out?: | Not Ok |
| Charges Type                  |        |
| Charges                       | 0      |
| Window Screen(s) each:        | Ok     |
| Window Sills:                 | Ok     |

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

| Resident Anish Deshpande |  | Resident | Anish Deshpande |
|--------------------------|--|----------|-----------------|
|--------------------------|--|----------|-----------------|

| Lindy Community Representative Name | lason Aleman |
|-------------------------------------|--------------|

| Technician                           | Jason Aleman |
|--------------------------------------|--------------|
| Resident not available for signature | NO           |
| Resident refused Signature           | NO           |