



Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|------------|----------|-------|
| 10-20-2023 | Dawn Buck | Eola | 304 |

| | |
|------------------------------|---------------|
| Resident Name | Alba Deleon |
| Forwarding Mailing Address | Not Available |
| Date Resident Turned in Keys | Oct-11-2023 |

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

| DINING ROOM: | |
|--------------------|-----|
| Ceilings / Lights: | N/A |
| Walls / Outlets: | N/A |
| Window: | N/A |
| Window coverings: | N/A |

| KITCHEN: | |
|-----------------|----|
| Backsplash: | Ok |
| Cabinets: | |
| Cabinet Door: | Ok |
| Cabinets: | |
| Cabinet Handle: | Ok |


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



| | |
|-------------------------------|-----|
| Dishwasher: | |
| Dishwasher Knob: | N/A |
| Dishwasher: | |
| Dishwasher Rack: | N/A |
| Dishwasher: | |
| Dishwasher Silverware Holder: | N/A |
| Drip Pan: | Ok |
| Electric Meter: | Ok |
| Faucet: | Ok |
| Faucet Knobs: | Ok |
| Floors: | Ok |
| Formica/Tiles: | Ok |
| Garbage Disposal: | N/A |
| Kitchen Sink: | Ok |
| Microwave: | N/A |

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

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



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

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

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

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



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

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

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

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|---|-----|
| Rubber Stopper: | N/A |
| Stove Knob: | Ok |
| Verify that either a Fire Stop (under the microwave) or FireAvert (behind the stove) exists.: | Ok |
| Wall Outlets: | Ok |
| Washer/Dryer: | N/A |
| Window Coverings: | Ok |

| BEDROOMS: | |
|--------------------|-----|
| Ceilings / Lights: | N/A |
| Door / Closet: | N/A |
| Floors / Carpet: | N/A |
| Other: | N/A |
| Walls / Outlets: | N/A |
| Window: | N/A |

| | |
|-------------------|-----|
| Window coverings: | N/A |
|-------------------|-----|

| | |
|--------------------|-------------|
| BATHROOM: | |
| Ceiling Lights: | N/A |
| Cleaning Bathroom: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Not cleaned |



| | |
|-------------------------|----|
| Complete Toilet: | Ok |
| Counter Top: | Ok |
| Medicine Cabinet: | Ok |
| Mirror Cabinet: | 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 |

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| LOCKS: | |
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| 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: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | No keys |



| | |
|--------------------------------|--------------|
| Failure To Return Mailbox Key: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Not returned |



| DOORS: | |
|--------------------------------------|----|
| Apartment Door: | Ok |
| Apartment Door closes automatically: | Ok |
| Frame: | Ok |

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

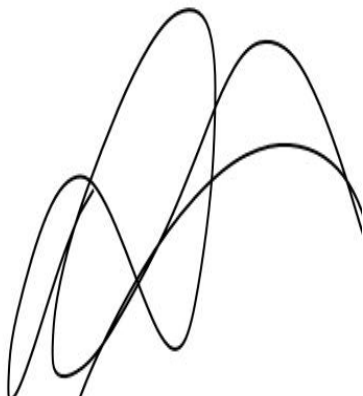
| MISCELLANEOUS: | |
|--|----|
| Broken Window Glass (Per Pane): | Ok |
| Cabinet Equipment: | Ok |
| Carbon Monoxide Detector: | Ok |
| Cleaning of Apartment: | Ok |
| Clear Storage Locker: | Ok |
| Closet Shelves: | Ok |
| Common Area damaged during moveout: | Ok |
| Door Intercom System: | Ok |
| 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 |

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|--|----|
| 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 |

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

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| Resident | |
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| Lindy Community Representative Name | Dawn Buck |
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|--------------------------------------|-----------|
| Technician | Dawn Buck |
| Resident not available for signature | YES |
| Resident refused Signature | NO |