

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

| Inspection Date | Technician   | Property          | Units  |
|-----------------|--------------|-------------------|--------|
| 10-27-2023      | Jason Aleman | Towers at Wyncote | 0205-2 |

| Resident Name                | Isis White    |
|------------------------------|---------------|
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | Oct-27-2023   |

| LIVING ROOM:       |                                |
|--------------------|--------------------------------|
| Ceilings / Lights: | Ok                             |
| Door / Closet:     | Ok                             |
| Other:             | Ok                             |
| Plank Flooring:    | Ok                             |
| Walls / Outlets:   | Ok                             |
| Window:            | Not Ok                         |
| Charges Type       | Replace                        |
| Charges            |                                |
| Comment            | Repair and replace blind track |



| Window coverings: | Ok |
|-------------------|----|
|                   |    |

| DINING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |

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

| KITCHEN:               |        |
|------------------------|--------|
| Backsplash:            | Ok     |
| Cabinets:              | Ok     |
| Ceiling Fan:           | Ok     |
| Ceiling Light Fixture: | Ok     |
| Ceiling Lights:        | Ok     |
| Cleaning of Stove:     | Not Ok |
| Charges Type           | Clean  |
| Charges                |        |
| Comment                | Clean  |



| Counter Top: | Not Ok |
|--------------|--------|
| Charges Type | Clean  |
| Charges      |        |
| Comment      | Clean  |



| Dishwasher:       | Ok     |
|-------------------|--------|
| Drip Pan:         | Ok     |
| Electric Meter:   | Ok     |
| Faucet:           | Ok     |
| Faucet Knobs:     | Ok     |
| Floors:           | Ok     |
| Formica/Tiles:    | Ok     |
| Garbage Disposal: | Ok     |
| Kitchen Sink:     | Ok     |
| Microwave:        | Not Ok |
| Charges Type      | Clean  |
| Charges           |        |
| Comment           | Clean  |



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

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



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

| Refrigerator (Freezer):        |                                |
|--------------------------------|--------------------------------|
| Refrigerator (Shelf and Bars): | Not Ok                         |
| Charges Type                   | Replace                        |
| Charges                        |                                |
| Comment                        | Replace missing freezer handle |



| Refrigerator (Freezer):   |    |    |
|---|----|----|
| Refrigerator Crisper Glass/Plastic:   | Ok |    |
| Rubber Stopper:   |    | Ok |
| Stove Knob:   |    | Ok |
| Verify that either a Fire Stop (under the microwave) or FireAvert (behind the stove) exists.: |    | Ok |

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

| BEDROOMS:          |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Floors / Carpet:   | Ok |
| Other:             | Ok |
| Plank Flooring:    | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

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



| 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 |
| Plank Flooring:         | 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 |

| 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: | Not Ok  |
| Charges Type              | Replace |
| Charges                   |         |
| Comment                   | Replace |



| Replace Carpet 2 Bedroom: | Not Ok  |
|---------------------------|---------|
| Charges Type              | Replace |
| Charges                   |         |
| Comment                   | Replace |



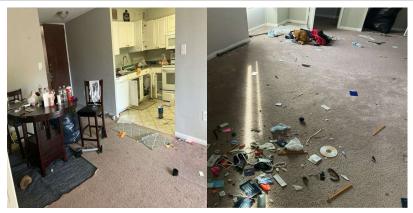
| Shampoo 1 Bedroom: | Ok |
|--------------------|----|
| Shampoo 2 Bedroom: | Ok |
| Stain Removal:     | Ok |

| 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         |
| Date of Installation   | 2022-02-27 |
| 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  | Clean      |



Remove Debris (Per Bag): Not Ok

| Charges Type | Clean |
|--------------|-------|
| Charges      |       |
| Comment      | Clean |



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



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