



# Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property       | Units |
|-----------------|-------------|----------------|-------|
| 11-01-2023      | Noel Nation | Gateway Towers | B504  |

|                              |               |
|------------------------------|---------------|
| Resident Name                | Nabil Khouf   |
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | Nov-01-2023   |

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

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

|                               |     |
|-------------------------------|-----|
| <b>Cabinets:</b>              |     |
| Cabinet Shelf:                | Ok  |
| Ceiling Fan:                  | Ok  |
| Ceiling Light Fixture:        | Ok  |
| Ceiling Lights:               | Ok  |
| Cleaning of Stove:            | Ok  |
| Counter Top:                  | Ok  |
| <b>Dishwasher:</b>            |     |
| Dishwasher Knob:              | N/A |
| <b>Dishwasher:</b>            |     |
| Dishwasher Rack:              | N/A |
| <b>Dishwasher:</b>            |     |
| Dishwasher Silverware Holder: | N/A |
| Drip Pan:                     | Ok  |
| Electric Meter:               | Ok  |
| Faucet:                       | Ok  |
| Faucet Knobs:                 | Ok  |
| Floors:                       | Ok  |
| Formica/Tiles:                | Ok  |
| Garbage Disposal:             | Ok  |
| Kitchen Sink:                 | Ok  |
| Microwave:                    | Ok  |
| Other:                        | Ok  |

| Oven / Range:  |        |
|----------------|--------|
| Oven Cleaning: | Not Ok |
| Charges Type   | Repair |
| 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 |

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

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

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



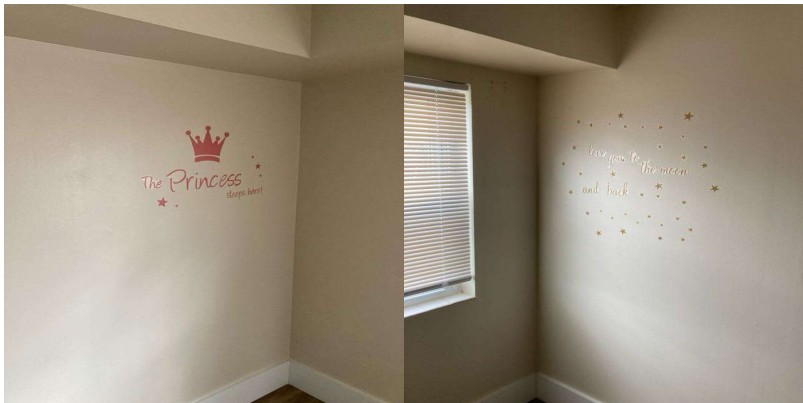
| Refrigerator (Freezer): |    |
|-------------------------|----|
| Refrigerator (Drawers): | Ok |

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

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

|                                                                                               |    |
|-----------------------------------------------------------------------------------------------|----|
| Rubber Stopper:                                                                               | Ok |
| Stove Knob:                                                                                   | Ok |
| 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     |
| Walls / Outlets:   | Not Ok |
| Charges Type       | Repair |

|                                                                                   |            |
|-----------------------------------------------------------------------------------|------------|
| Charges                                                                           |            |
| Comment                                                                           | Wall decor |
|  |            |
| 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: | Not Ok       |
| Charges Type    | Replace      |
| Charges         |              |
| Comment         | Water damage |



|               |    |
|---------------|----|
| 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 |
| Apartment Door closes automatically: | 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:                    | N/A |
| Deodorize:                | N/A |
| Pet Treatment (Odor):     | N/A |
| Replace Carpet 1 Bedroom: | N/A |
| Replace Carpet 2 Bedroom: | N/A |
| Shampoo 1 Bedroom:        | N/A |
| Shampoo 2 Bedroom:        | N/A |
| Stain Removal:            | N/A |

| <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         |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok         |
| Date of Installation                                                                         | 2023-11-01 |
| 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 | Noel Nation |
|-------------------------------------|-------------|



|                                      |             |
|--------------------------------------|-------------|
| Technician                           | Noel Nation |
| Resident not available for signature | YES         |

Resident refused Signature

NO