



# Move Out Inventory & Condition Form

| Inspection Date | Technician    | Property        | Units |
|-----------------|---------------|-----------------|-------|
| 11-09-2020      | Amber Johnson | Haverford Court | E414  |

|                              |               |
|------------------------------|---------------|
| Resident Name                | Seanier Keyes |
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | Nov-06-2020   |

|                                |    |
|--------------------------------|----|
| <b>LIVING ROOM:</b>            |    |
| Walls / Outlets:               | Ok |
| Ceilings / Lights:             | Ok |
| Window:                        | Ok |
| Door / Closet:                 | Ok |
| Window coverings:              | Ok |
| Other:                         | Ok |
| <b>DINING ROOM:</b>            |    |
| Walls / Outlets:               | Ok |
| Ceilings / Lights:             | Ok |
| Window:                        | Ok |
| Window coverings:              | Ok |
| <b>KITCHEN:</b>                |    |
| Electric Meter:                | Ok |
| Cabinets:                      | Ok |
| Cabinet Door:                  | Ok |
| Cabinet Shelf:                 | Ok |
| Cabinet Handle:                | Ok |
| Counter Top:                   | Ok |
| Refrigerator (Freezer):        | Ok |
| Refrigerator (Shelf and Bars): | Ok |

|                                     |                           |
|-------------------------------------|---------------------------|
| Refrigerator (Drawers):             | Ok                        |
| Refrigerator Crisper Glass/Plastic: | Ok                        |
| Cleaning Refrigerator:              | Ok                        |
| Dishwasher Rack:                    | Ok                        |
| Dishwasher Silverware Holder:       | Ok                        |
| Dishwasher Knob:                    | Ok                        |
| Fire Stops:                         | Ok                        |
| Formica/Tiles:                      | Ok                        |
| Stove Knob:                         | Ok                        |
| Microwave:                          | Not Ok                    |
| Charges Type                        | Replace                   |
| Charges                             |                           |
| Comment                             | Cracked door handle base. |



|                    |    |
|--------------------|----|
| Cleaning of Stove: | Ok |
| Ceiling Lights:    | Ok |
| Garbage Disposal:  | Ok |
| Rubber Stopper:    | Ok |
| Oven Door Handle:  | Ok |
| Oven Racks:        | Ok |
| Kitchen Sink:      | Ok |
| Faucet Knobs:      | Ok |
| Floors:            | Ok |
| Faucet:            | Ok |
| Drip Pan:          | Ok |
| Range Hood:        | Ok |
| Range Top:         | Ok |

|                         |    |
|-------------------------|----|
| Ceiling Light Fixture:  | Ok |
| Backsplash:             | Ok |
| Ceiling Fan:            | Ok |
| Washer/Dryer:           | Ok |
| Wall Outlets:           | Ok |
| Window Coverings:       | Ok |
| Other:                  | Ok |
| <b>BEDROOMS:</b>        |    |
| Walls / Outlets:        | Ok |
| Ceilings / Lights:      | Ok |
| Floors / Carpet:        | Ok |
| Window:                 | Ok |
| Window coverings:       | Ok |
| Door / Closet:          | Ok |
| Other:                  | Ok |
| <b>BATHROOM:</b>        |    |
| Medicine Cabinet:       | Ok |
| Mirror Cabinet:         | Ok |
| Vanity Cabinet:         | Ok |
| Sink:                   | Ok |
| Toilet Tank Cover:      | Ok |
| Toilet Tank:            | Ok |
| Toilet Bowl:            | Ok |
| Complete Toilet:        | Ok |
| Toilet Paper Holder:    | Ok |
| Shower Head:            | Ok |
| Tub Knob(s):            | Ok |
| Shower Curtain Bar:     | Ok |
| Towel Bar:              | Ok |
| Tub Reglazing:          | Ok |
| Counter Top:            | Ok |
| Soap Dish (Sink):       | Ok |
| Soad Dish (Tub):        | Ok |
| Remove Mildew on Tiles: | Ok |

|                                                                           |    |
|---------------------------------------------------------------------------|----|
| Cleaning Bathroom:                                                        | Ok |
| Wall Outlets:                                                             | Ok |
| Ceiling Lights:                                                           | Ok |
| Floors:                                                                   | Ok |
| Formica /Tile:                                                            | Ok |
| Cabinets / Mirror:                                                        | Ok |
| Window:                                                                   | Ok |
| Other:                                                                    | Ok |
| Is there signs of moisture from outside in the apartment?:                | Ok |
| <b>LOCKS:</b>                                                             |    |
| Door Lock:                                                                | Ok |
| Door Knob:                                                                | Ok |
| Fix Door when extra lock is removed:                                      | Ok |
| Mail-Box Lock:                                                            | Ok |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok |
| <b>KEYS:</b>                                                              |    |
| Failure To Return Apartment Key:                                          | Ok |
| Failure To Return Mailbox Key:                                            | Ok |
| <b>DOORS:</b>                                                             |    |
| Apartment Door:                                                           | Ok |
| Solid Core & Steel:                                                       | Ok |
| Frame:                                                                    | Ok |
| Hollow:                                                                   | Ok |
| <b>PAINTING:</b>                                                          |    |
| Over Dark Colors (Per Room):                                              | Ok |
| Holes in Walls (Each Hole):                                               | Ok |
| Wallpaper Removal (Per Room):                                             | Ok |
| Border Removal (Per Room):                                                | Ok |
| <b>CARPET:</b>                                                            |    |
| Shampoo 1 Bedroom:                                                        | Ok |
| Shampoo 2 Bedroom:                                                        | Ok |
| Stain Removal:                                                            | Ok |
| Burns:                                                                    | Ok |
| Deodorize:                                                                | Ok |

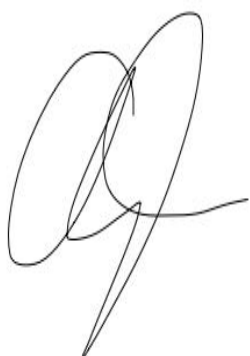
|                           |                                      |
|---------------------------|--------------------------------------|
| Pet Treatment (Odor):     | Ok                                   |
| Replace Carpet 1 Bedroom: | Ok                                   |
| Replace Carpet 2 Bedroom: | Ok                                   |
| <b>MISCELLANEOUS:</b>     |                                      |
| Remove Debris (Per Bag):  | Not Ok                               |
| Charges Type              | Clean                                |
| Charges                   |                                      |
| Comment                   | Removal of large Bags and trash left |



|                                 |    |
|---------------------------------|----|
| Removal Of Bulk Items:          | Ok |
| Clear Storage Locker:           | Ok |
| Closet Shelves:                 | Ok |
| Window Sills:                   | Ok |
| Window Screen(s) each:          | Ok |
| Broken Window Glass (Per Pane): | Ok |
| Mini Blind(s) each:             | Ok |
| Vertical Blinds:                | Ok |
| Sliding Mirror/Glass Door (2):  | Ok |
| Carbon Monoxide Detector:       | Ok |
| Smoke Detector Alarm:           | Ok |
| Fire extinguisher:              | Ok |
| Cabinet Equipment:              | Ok |
| Vinly Tile Kitchen:             | Ok |
| Vinly Tile Bathroom:            | Ok |
| Exhaust Fan:                    | Ok |
| Phone Jack:                     | Ok |
| Fan Blades:                     | Ok |

|                                                                                              |    |
|----------------------------------------------------------------------------------------------|----|
| Light Globes:                                                                                | Ok |
| Door Intercom System:                                                                        | Ok |
| Switch Plate Covers:                                                                         | Ok |
| Rallings:                                                                                    | Ok |
| Outside Lights:                                                                              | Ok |
| Stoppage by foreign object in any drain:                                                     | Ok |
| Thermostat Cover:                                                                            | Ok |
| Cleaning of Apartment:                                                                       | Ok |
| Common Area damaged during moveout:                                                          | Ok |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok |
| <b>OVERALL:</b>                                                                              |    |
| Signs of Moisture inside the apartment:                                                      | Ok |
| Signs of Moisture outside the apartment:                                                     | Ok |
| Resident                                                                                     |    |

|                                     |               |
|-------------------------------------|---------------|
| Lindy Community Representative Name | Amber Johnson |
|-------------------------------------|---------------|



|                                      |               |
|--------------------------------------|---------------|
| Technician                           | Amber Johnson |
| Resident not available for signature | YES           |
| Resident refused Signature           | NO            |