

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

| Inspection Date | Technician | Property   | Units |
|-----------------|------------|------------|-------|
| 11-13-2023      | Mike Gray  | 251 Dekalb | E0529 |

| Resident Name                | Alex Raju     |
|------------------------------|---------------|
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | Nov-13-2023   |

| 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:              | Ok     |
| Ceiling Fan:           | Ok     |
| Ceiling Light Fixture: | Ok     |
| Ceiling Lights:        | Ok     |
| Cleaning of Stove:     | Not Ok |
| Charges Type           | Clean  |

| Charges |       |
|---------|-------|
| Comment | Dirty |



| Counter Top: | Not Ok         |
|--------------|----------------|
| Charges Type | Replace        |
| Charges      |                |
| Comment      | Replaced \$350 |



| 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 |  |
| 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:  | 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 |
| 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:   | 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:   | Not Ok                 |
| Charges Type   | Repair                 |
| Charges  |                        |
| Comment  | Shower pan glaze \$327 |



| 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. : | Not Ok                      |
| Charges Type  | Clean                       |
| Charges   |                             |
| Comment   | HVAC major food smell \$300 |



| 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.: | N/A |
| 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: Vinly Tile Bathroom: Vinly Tile Kitchen: |  |    | Ok<br>Ok               |
|   |  |    |                        |
|   |  |    | Window Screen(s) each: |
| Window Sills:   |  |    | Ok                     |
| OVERALL:  |  |    |                        |
| Signs of Moisture inside the apartment:  O                |  |    |                        |
| Signs of Moisture outside the apartment:                  |  | Ok |                        |
| Resident  |  |    |                        |
|   |  |    |                        |
|   |  |    |                        |
|   |  |    |                        |
|   |  |    |                        |
|   |  |    |                        |
|   |  |    |                        |
|   |  |    |                        |

Mike Gray

Lindy Community Representative Name



| Technician                           | Mike Gray |
|--------------------------------------|-----------|
| Resident not available for signature | YES       |
| Resident refused Signature           | NO        |