



# Move Out Inventory & Condition Form

| Inspection Date | Technician    | Property          | Units  |
|-----------------|---------------|-------------------|--------|
| 11-18-2025      | Joseph Cooper | Towers at Wyncote | L07-03 |

|                                                                                 |               |
|---------------------------------------------------------------------------------|---------------|
| Resident Name                                                                   | Jungdae Seo   |
| Forwarding Mailing Address                                                      | Not Available |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | Nov-18-2025   |

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

| DINING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Plank Flooring:    | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

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

|                  |  |    |
|------------------|--|----|
| <b>Cabinets:</b> |  |    |
| 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:   |  | Ok |

|                    |  |    |
|--------------------|--|----|
| <b>Dishwasher:</b> |  |    |
| Dishwasher Rack:   |  | Ok |

|                               |  |    |
|-------------------------------|--|----|
| <b>Dishwasher:</b>            |  |    |
| Dishwasher Silverware Holder: |  | Ok |

|                                                    |  |            |
|----------------------------------------------------|--|------------|
| Drip Pan:                                          |  | Ok         |
| Electric Meter:                                    |  | Ok         |
| Faucet:                                            |  | Ok         |
| Faucet Knobs:                                      |  | Ok         |
| Floors:                                            |  | Ok         |
| Formica/Tiles:                                     |  | Ok         |
| Garbage Disposal:                                  |  | Ok         |
| Is there a FireAvert red box, plug, and solenoid?: |  | Ok         |
| Date of Installation                               |  | 2025-11-18 |
| Kitchen Sink:                                      |  | Ok         |
| Microwave:                                         |  | Ok         |
| Other:                                             |  | Ok         |

|                      |  |    |
|----------------------|--|----|
| <b>Oven / Range:</b> |  |    |
| 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                 | Clean  |



| 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 |
| 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 walls and ceiling before painting can be preformed |



|                                                            |                                  |
|------------------------------------------------------------|----------------------------------|
| 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:                                                     | Not Ok                           |
| Charges Type                                               | Replace                          |
| Charges                                                    |                                  |
| Comment                                                    | Vent non functional - motor hums |



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

|                                                                           |    |
|---------------------------------------------------------------------------|----|
| <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:                | Ok |
| Deodorize:            | Ok |
| Pet Treatment (Odor): | Ok |

|                           |         |
|---------------------------|---------|
| Replace Carpet 1 Bedroom: | Not Ok  |
| Charges Type              | Replace |
| Charges                   |         |
| Comment                   | Stains  |



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

| <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 |
| 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                                                                             |  |
| <div> <div>Lindy Community Representative Name</div> <div>Joseph Cooper</div> </div> |  |

A handwritten signature in black ink, appearing to be 'SPL' or similar, written in a cursive style.

|                                      |               |
|--------------------------------------|---------------|
| Technician                           | Joseph Cooper |
| Resident not available for signature | YES           |
| Resident refused Signature           | NO            |