



# Move Out Inventory & Condition Form

| Inspection Date | Technician | Property      | Units |
|-----------------|------------|---------------|-------|
| 11-20-2024      | Dawn Buck  | Bromley House | A411  |

|                              |  |
|------------------------------|--|
| Resident Name                | Roos Jules                                 |
| Forwarding Mailing Address   | 6201 N 10th Street Apt 635 Phila. PA 19141 |
| Date Resident Turned in Keys | Nov-20-2024                                |

| 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 |

| Cabinets:      |    |
|----------------|----|
| Cabinet Shelf: | Ok |

|                        |    |
|------------------------|----|
| Ceiling Fan:           | Ok |
| Ceiling Light Fixture: | Ok |
| Ceiling Lights:        | Ok |

| Dishwasher:      |    |
|------------------|----|
| Dishwasher Knob: | Ok |

| Dishwasher:      |    |
|------------------|----|
| Dishwasher Rack: | Ok |

| Dishwasher:                   |    |
|-------------------------------|----|
| Dishwasher Silverware Holder: | Ok |

|                   |    |
|-------------------|----|
| Drip Pan:         | Ok |
| Faucet:           | Ok |
| Faucet Knobs:     | Ok |
| Floors:           | Ok |
| Garbage Disposal: | Ok |
| Kitchen Sink:     | Ok |
| Other:            | Ok |

| Oven / Range:  |                  |
|----------------|------------------|
| Oven Cleaning: | Not Ok           |
| Charges Type   | Clean            |
| Charges        |                  |
| Comment        | Dirty and greasy |



|                      |  |    |
|----------------------|--|----|
| <b>Oven / Range:</b> |  |    |
| Oven door handle:    |  | Ok |

|                      |  |    |
|----------------------|--|----|
| <b>Oven / Range:</b> |  |    |
| Oven drip pan:       |  | Ok |

|                      |  |    |
|----------------------|--|----|
| <b>Oven / Range:</b> |  |    |
| Oven knobs:          |  | Ok |

|                      |  |    |
|----------------------|--|----|
| <b>Oven / Range:</b> |  |    |
| Oven Racks:          |  | Ok |

|                      |  |    |
|----------------------|--|----|
| <b>Oven / Range:</b> |  |    |
| Range burners:       |  | Ok |

|                      |  |    |
|----------------------|--|----|
| <b>Oven / Range:</b> |  |    |
| Range Hood:          |  | Ok |

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

|                                |  |    |
|--------------------------------|--|----|
| <b>Refrigerator (Freezer):</b> |  |    |
| Cleaning Refrigerator:         |  | Ok |

|                                |  |    |
|--------------------------------|--|----|
| <b>Refrigerator (Freezer):</b> |  |    |
| Refrigerator (Drawers):        |  | Ok |

|                                |  |    |
|--------------------------------|--|----|
| <b>Refrigerator (Freezer):</b> |  |    |
| Refrigerator (Shelf and Bars): |  | Ok |

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

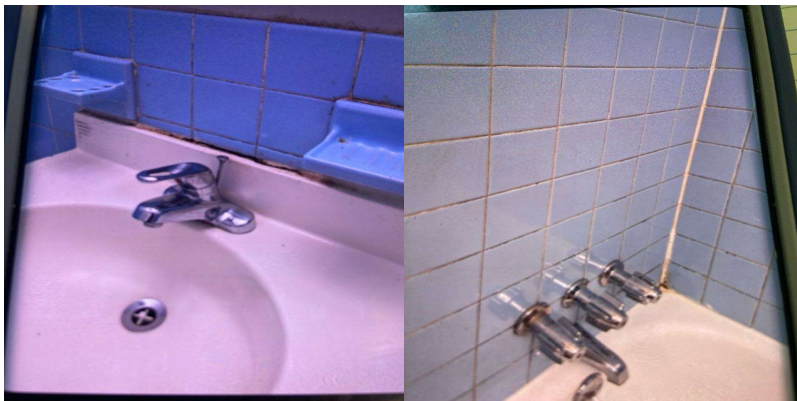
|   |  |     |
|---|--|-----|
| Rubber Stopper:   |  | Ok  |
| Verify that either a Fire Stop (under the microwave) or FireAvert (behind the stove) exists.: |  | Ok  |
| Wall Outlets:   |  | Ok  |
| Washer/Dryer:   |  | N/A |
| Window Coverings:   |  | Ok  |

| BEDROOMS:          |        |
|--------------------|--------|
| Ceilings / Lights: | Ok     |
| Door / Closet:     | Ok     |
| Floors / Carpet:   | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Dirty  |



|                   |    |
|-------------------|----|
| Other:            | Ok |
| Walls / Outlets:  | Ok |
| Window:           | Ok |
| Window coverings: | Ok |

| BATHROOM:          |        |
|--------------------|--------|
| Cleaning Bathroom: | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Dirty  |



|                  |    |
|------------------|----|
| Complete Toilet: | Ok |
| Counter Top:     | Ok |

|                         |    |
|-------------------------|----|
| Medicine Cabinet:       | Ok |
| Mirror Cabinet:         | 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 |

|   |    |
|---|----|
| <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 |

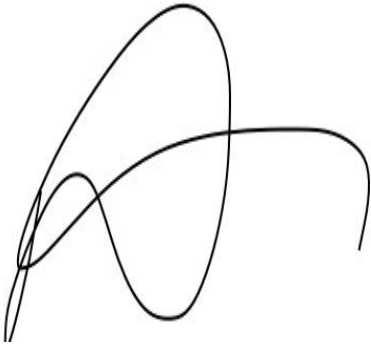
| <b>CARPET:</b>            |    |
|---------------------------|----|
| Burns:                    | Ok |
| Deodorize:                | Ok |
| Pet Treatment (Odor):     | Ok |
| Replace Carpet 1 Bedroom: | Ok |
| Replace Carpet 2 Bedroom: | Ok |
| Shampoo 1 Bedroom:        | Ok |
| Shampoo 2 Bedroom:        | 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         |
| Date of Installation   | 2022-11-20 |
| Light Globes:  | Ok         |
| Mini Blind(s) each:  | Ok         |
| Outside Lights:  | N/A        |
| Phone Jack:  | Ok         |
| Rallings:  | N/A        |
| 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:                     | N/A |
| Vinly Tile Kitchen:                      | N/A |
| Was personal property left behind?:      | No  |
| Charges Type                             |     |
| Charges                                  | 0   |
| Was the resident locked out?:            | No  |
| Charges Type                             |     |
| Charges                                  | 0   |
| 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></div> <div></div> </div> |           |
| Lindy Community Representative Name  | Dawn Buck |

A handwritten signature in black ink, consisting of a large, loopy 'A' shape followed by a horizontal stroke that curves upwards at the end.

|                                      |           |
|--------------------------------------|-----------|
| Technician                           | Dawn Buck |
| Resident not available for signature | YES       |
| Resident refused Signature           | NO        |