

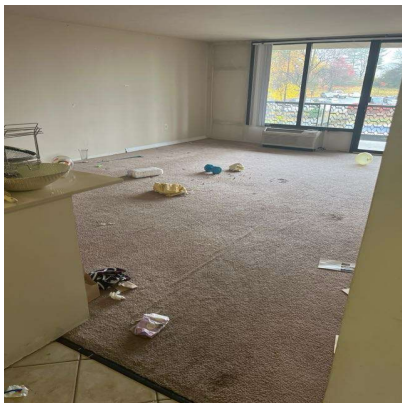


# Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property          | Units  |
|-----------------|-------------|-------------------|--------|
| 11-22-2023      | Josh Kozich | Towers at Wyncote | 0227-1 |

|                              |                 |
|------------------------------|-----------------|
| Resident Name                | Carmell Isabell |
| Forwarding Mailing Address   | Not Available   |
| Date Resident Turned in Keys | Nov-22-2023     |

|                     |        |
|---------------------|--------|
| <b>LIVING ROOM:</b> |        |
| Ceilings / Lights:  | Ok     |
| Door / Closet:      | Ok     |
| Other:              | Not Ok |
| Charges Type        | Clean  |
| Charges             |        |
| Comment             | Clean  |



|                   |    |
|-------------------|----|
| Plank Flooring:   | Ok |
| Walls / Outlets:  | Ok |
| Window:           | Ok |
| Window coverings: | Ok |

|                     |    |
|---------------------|----|
| <b>DINING ROOM:</b> |    |
| Ceilings / Lights:  | Ok |

|                   |    |
|-------------------|----|
| Plank Flooring:   | Ok |
| Walls / Outlets:  | Ok |
| Window:           | Ok |
| Window coverings: | Ok |

|                        |        |
|------------------------|--------|
| <b>KITCHEN:</b>        |        |
| Backsplash:            | Ok     |
| Cabinets:              | Ok     |
| Ceiling Fan:           | Ok     |
| Ceiling Light Fixture: | Ok     |
| Ceiling Lights:        | Ok     |
| Cleaning of Stove:     | Ok     |
| Counter Top:           | Not Ok |
| Charges Type           | Clean  |
| Charges                |        |
| Comment                | Clean  |



|                   |        |
|-------------------|--------|
| Dishwasher:       | 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:            | Not Ok |

|              |       |
|--------------|-------|
| Charges Type | Clean |
| Charges      |       |
| Comment      | Clean |



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

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

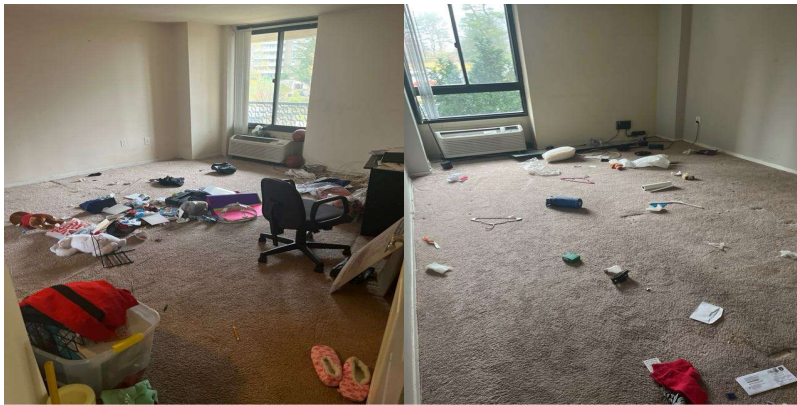


| Refrigerator (Freezer): |    |
|-------------------------|----|
| Refrigerator (Drawers): | Ok |

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

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

| <b>BEDROOMS:</b>   |        |
|--------------------|--------|
| Ceilings / Lights: | Ok     |
| Door / Closet:     | Ok     |
| Floors / Carpet:   | Ok     |
| Other:             | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Clean  |



|                   |    |
|-------------------|----|
| Plank Flooring:   | Ok |
| Walls / Outlets:  | Ok |
| Window:           | Ok |
| Window coverings: | Ok |

| <b>BATHROOM:</b>   |        |
|--------------------|--------|
| Cabinets / Mirror: | Ok     |
| Ceiling Lights:    | Ok     |
| Cleaning Bathroom: | Not Ok |
| Charges Type       | Clean  |

|         |       |
|---------|-------|
| Charges |       |
| Comment | Clean |



|  |    |
|--|----|
| 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 |
| 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: | 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 |
| 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   | Josh Kozich |
|  |             |
| Technician  | Josh Kozich |
| Resident not available for signature  | NO          |
| Resident refused Signature  | NO          |