

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

| Inspection Date              | Technician   |      | Property      |    | Units |
|------------------------------|--------------|------|---------------|----|-------|
| 11-25-2024                   | Daniel Ortiz | Mead | lowbrook      |    | 535   |
| Resident Name                |              |      | Mykola Klym   |    |       |
| Forwarding Mailing Address   |              |      | Not Available |    |       |
| Date Resident Turned in Keys |              |      | Nov-23-2024   |    |       |
| 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               |
| Cleaning of Stove:     |    | Ok               |
| Counter Top:           |    | Ok               |
| Drip Pan:              |    | N/A              |
| Faucet:                |    | Ok               |
| Faucet Knobs:          |    | Ok               |
| Floors:                |    | Ok               |
| Formica/Tiles:         |    | N/A              |
| Garbage Disposal:      |    | Ok               |
| Kitchen Sink:          |    | Ok               |
| Microwave:             |    | Ok               |
| Other:                 |    | Ok               |
| Oven Door Handle:      |    | Ok               |
| Oven Racks:            |    | Ok               |
| Range Top:             |    | Not Ok           |
| Charges Type           |    | Replace          |
| Charges                |    |                  |
| Comment                |    | Damage glass top |



| 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:   | Not Ok                      |
| Charges Type       | Replace                     |
| Charges            |                             |
| Comment            | Carpet is damaged and stain |



| 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):       | N/A |
| 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  |

| LOCKS:  |    |
|---|----|
| 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 |

| 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 |  |

| 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.: | Ok         |
| Date of Installation   | 2024-11-23 |
| 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         |
| 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 |

| OVERALL:                                 |    |
|--|----|
| Signs of Moisture inside the apartment:  | Ok |
| Signs of Moisture outside the apartment: | Ok |

| dy Community Representative Name |  |
|----------------------------------|--|
|----------------------------------|--|

| Daniel Ortiz |  |
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| Technician                           | Daniel Ortiz |
|--------------------------------------|--------------|
| Resident not available for signature | YES          |
| Resident refused Signature           | NO           |