

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

| Inspection Date | Technician   | Property    | Units |
|-----------------|--------------|-------------|-------|
| 12-01-2023      | Daniel Ortiz | Meadowbrook | 364   |

| Resident Name                | Michael Esrick |
|------------------------------|----------------|
| Forwarding Mailing Address   | Not Available  |
| Date Resident Turned in Keys | Nov-30-2023    |

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



| 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:  | 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:   | Not Ok  |
| Charges Type       | Replace   |
| Charges            |   |
| Comment            | Carpet in the master bedroom carpet are stained |



| 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:   | N/A |
| 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:  | N/A |
|-----------------|-----|
| 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 |

| CARPET:                   |        |
|---------------------------|--------|
| Burns:                    | Ok     |
| Deodorize:                | Ok     |
| Pet Treatment (Odor):     | Ok     |
| Replace Carpet 1 Bedroom: | Ok     |
| Replace Carpet 2 Bedroom: | Ok     |
| Shampoo 1 Bedroom:        | Not Ok |

| Charges Type | Replace                             |
|--------------|-------------------------------------|
| Charges      |                                     |
| Comment      | Master bedroom stains on the carpet |



| 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:  | N/A        |
| Exhaust Fan:   | Ok         |
| Fan Blades:  | Ok         |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok         |
| Date of Installation   | 2023-11-30 |
| Light Globes:  | Ok         |

| Mini Blind(s) each:                      | N/A |
|--|-----|
| 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:                         | N/A |
| Vinly Tile Bathroom:                     | N/A |
| Vinly Tile Kitchen:                      | N/A |
| Was personal property left behind?:      | Ok  |
| Window Screen(s) each:                   | Ok  |
| Window Sills:                            | Ok  |
| OVERALL:                                 |     |
| Signs of Moisture inside the apartment:  | Ok  |
| Signs of Moisture outside the apartment: | Ok  |
| Resident                                 |     |
|  |     |
|  |     |
|  |     |
|  |     |
|  |     |
|  |     |
|  |     |

Daniel Ortiz

Lindy Community Representative Name



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