



# Move Out Inventory & Condition Form

| Inspection Date | Technician     | Property      | Units |
|-----------------|----------------|---------------|-------|
| 12-07-2022      | Felicia Howell | Regency House | 306   |

|                              |               |
|------------------------------|---------------|
| Resident Name                | Aliyah Thorne |
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | Nov-30-2022   |

| 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 |

|                  |         |
|------------------|---------|
| <b>Cabinets:</b> |         |
| Cabinet Door:    | Not Ok  |
| Charges Type     | Replace |
| Charges          |         |
| Comment          | Broken  |



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

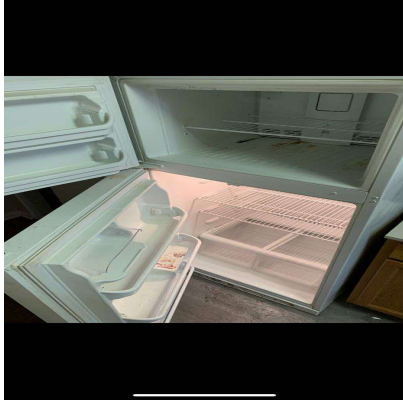
|           |    |
|-----------|----|
| Drip Pan: | Ok |
|-----------|----|

|                 |    |
|-----------------|----|
| Electric Meter: | Ok |
|-----------------|----|

|         |    |
|---------|----|
| Faucet: | Ok |
|---------|----|

|                      |    |
|----------------------|----|
| Faucet Knobs:        | Ok |
| Floors:              | Ok |
| Formica/Tiles:       | Ok |
| Garbage Disposal:    | Ok |
| Kitchen Sink:        | Ok |
| Microwave:           | Ok |
| Other:               | Ok |
| <b>Oven / Range:</b> |    |
| Oven Cleaning:       | Ok |
| <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 |

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



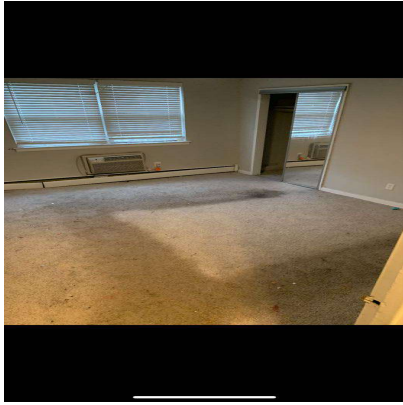
| Refrigerator (Freezer): |    |
|-------------------------|----|
| Refrigerator (Drawers): | Ok |

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

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

|                                                                                               |    |
|-----------------------------------------------------------------------------------------------|----|
| Rubber Stopper:                                                                               | Ok |
| Stove Knob:                                                                                   | Ok |
| 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            | Replace |



|                   |    |
|-------------------|----|
| Other:            | 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            | Uncleaned |



|                                                            |    |
|------------------------------------------------------------|----|
| 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):       | 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> |  |
|------------------|--|

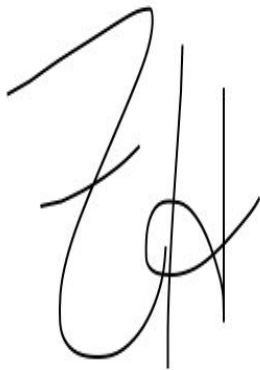
|                               |    |
|-------------------------------|----|
| Border Removal (Per Room):    | Ok |
| Holes in Walls (Each Hole):   | Ok |
| Over Dark Colors (Per Room):  | Ok |
| Wallpaper Removal (Per Room): | Ok |

| <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 |
| Fire extinguisher:                                                                           | 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 style="text-align: center;">  </div> |                |
| Lindy Community Representative Name                                                                                          | Felicia Howell |
| Technician                                                                                                                   | Felicia Howell |
| Resident not available for signature                                                                                         | YES            |

Resident refused Signature

NO