



# Move Out Inventory & Condition Form


Inspection Date	Technician	Property	Units
12-17-2024	Dawn Buck	Regency House	314

Resident Name	Harvey Mosley
Forwarding Mailing Address	6932 N 16th Street Philadelphia, PA 19126
Date Resident Turned in Keys	Dec-16-2024

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:	Ok
Ceiling Fan:	Ok
Ceiling Light Fixture:	Ok
Ceiling Lights:	Ok
Cleaning of Stove:	Ok
Counter Top:	Ok

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:	Ok										
<table> <tr> <th colspan="2">Oven / Range:</th></tr> <tr> <td>Oven Cleaning:</td><td>Not Ok</td></tr> <tr> <td>Charges Type</td><td>Clean</td></tr> <tr> <td>Charges</td><td></td></tr> <tr> <td>Comment</td><td>Dirty</td></tr> </table>		Oven / Range:		Oven Cleaning:	Not Ok	Charges Type	Clean	Charges		Comment	Dirty
Oven / Range:											
Oven Cleaning:	Not Ok										
Charges Type	Clean										
Charges											
Comment	Dirty										
											
Oven Door Handle:	Ok										
Oven Racks:	Ok										
Range Top:	Ok										


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



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:	N/A
Window Coverings:	Ok

BEDROOMS:	
Ceilings / Lights:	Ok
Door / Closet:	Ok
Floors / Carpet:	Ok
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	Dirty
	
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

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

<b>KEYS:</b>	
Failure To Return Apartment Key:	Ok
Failure To Return Mailbox Key:	Ok

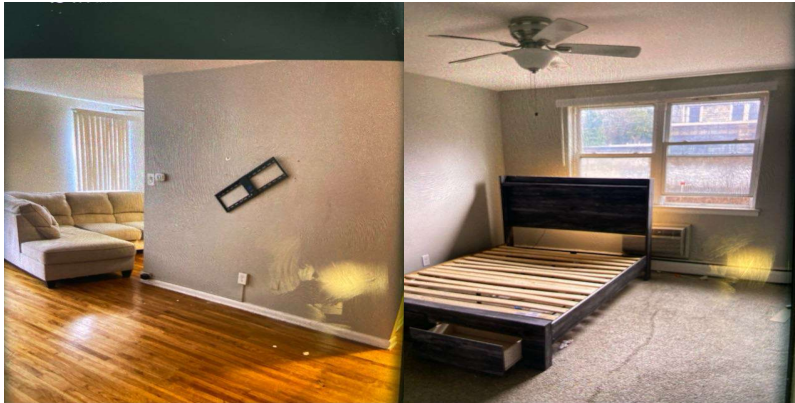
<b>DOORS:</b>	
Apartment Door:	Ok
Apartment Door closes automatically:	Ok
Frame:	Ok
Hollow:	Ok
Solid Core & Steel:	Ok

<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	2022-12-17
Light Globes:	Ok
Mini Blind(s) each:	Ok
Outside Lights:	Ok
Phone Jack:	Ok
Rallings:	Ok
Removal Of Bulk Items:	Not Ok
Charges Type	Clean
Charges	
Comment	Sectional sofa and bed left



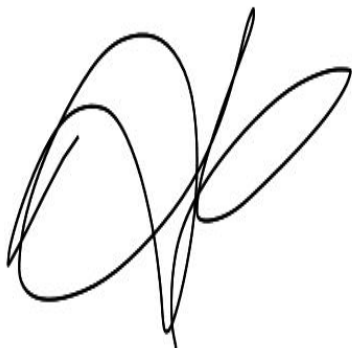
Remove Debris (Per Bag):	Ok
Sliding Mirror/Glass Door (2):	Ok
Smoke Detector Alarm:	Ok
Stoppage by foreign object in any drain:	Ok
Switch Plate Covers:	Ok
Thermostat Cover:	Ok
Vertical Blinds:	Ok
Vinly Tile Bathroom:	Ok
Vinly Tile Kitchen:	Ok

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

<b>OVERALL:</b>	
Signs of Moisture inside the apartment:	Ok
Signs of Moisture outside the apartment:	Ok

Resident	
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Lindy Community Representative Name	Dawn Buck
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Technician	Dawn Buck
Resident not available for signature	YES
Resident refused Signature	NO