



Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|-------------|---------------|-------|
| 12-21-2020 | Nate Morton | Regency House | 315 |

| | |
|------------------------------|---------------|
| Resident Name | Zalika Moore |
| Forwarding Mailing Address | Not Available |
| Date Resident Turned in Keys | Dec-21-2020 |

| | |
|--------------------------------|----|
| LIVING ROOM: | |
| Walls / Outlets: | Ok |
| Ceilings / Lights: | Ok |
| Window: | Ok |
| Door / Closet: | Ok |
| Window coverings: | Ok |
| Other: | Ok |
| DINING ROOM: | |
| Walls / Outlets: | Ok |
| Window: | Ok |
| Window coverings: | Ok |
| KITCHEN: | |
| Electric Meter: | Ok |
| Cabinets: | Ok |
| Cabinet Door: | Ok |
| Cabinet Shelf: | Ok |
| Cabinet Handle: | Ok |
| Counter Top: | Ok |
| Refrigerator (Freezer): | Ok |
| Refrigerator (Shelf and Bars): | Ok |
| Refrigerator (Drawers): | Ok |

| | |
|-------------------------------------|------------------|
| Refrigerator Crisper Glass/Plastic: | Ok |
| Cleaning Refrigerator: | Ok |
| Cleaning of Stove: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Greasy and dirty |

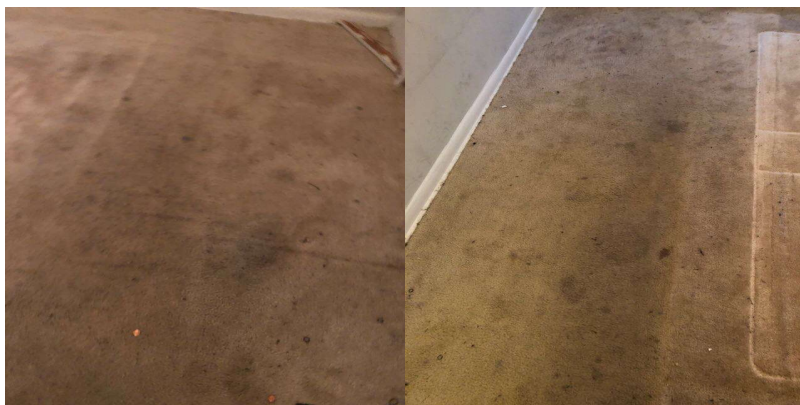


| | |
|-------------------|--------|
| Ceiling Lights: | Ok |
| Rubber Stopper: | Ok |
| Oven Door Handle: | Ok |
| Oven Racks: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Dirty |



| | |
|------------------------|----|
| Kitchen Sink: | Ok |
| Faucet Knobs: | Ok |
| Floors: | Ok |
| Faucet: | Ok |
| Range Hood: | Ok |
| Ceiling Light Fixture: | Ok |

| | |
|--------------------|---------|
| Backsplash: | Ok |
| Ceiling Fan: | Ok |
| BEDROOMS: | |
| Walls / Outlets: | Ok |
| Ceilings / Lights: | Ok |
| Floors / Carpet: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Dirty |



| | |
|--------------------|---------|
| Window: | Ok |
| Window coverings: | Ok |
| Door / Closet: | Ok |
| Other: | Ok |
| BATHROOM: | |
| Medicine Cabinet: | Ok |
| Mirror Cabinet: | Ok |
| Vanity Cabinet: | Ok |
| Sink: | Ok |
| Toilet Tank Cover: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Cracked |



| | |
|----------------------|--------|
| Toilet Tank: | Ok |
| Toilet Bowl: | Ok |
| Complete Toilet: | Ok |
| Toilet Paper Holder: | Ok |
| Shower Head: | Ok |
| Tub Knob(s): | Ok |
| Shower Curtain Bar: | Ok |
| Towel Bar: | Ok |
| Tub Reglazing: | Ok |
| Soap Dish (Sink): | Ok |
| Cleaning Bathroom: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Dirty |



| | |
|--------------------|----|
| Wall Outlets: | Ok |
| Ceiling Lights: | Ok |
| Floors: | Ok |
| Cabinets / Mirror: | Ok |
| Window: | Ok |

| | |
|---------------------------------------------------------------------------|----|
| Other: | Ok |
| Is there signs of moisture from outside in the apartment?: | Ok |
| LOCKS: | |
| Door Lock: | Ok |
| Door Knob: | Ok |
| Fix Door when extra lock is removed: | Ok |
| Mail-Box Lock: | Ok |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok |
| KEYS: | |
| Failure To Return Apartment Key: | Ok |
| Failure To Return Mailbox Key: | Ok |
| DOORS: | |
| Apartment Door: | Ok |
| Solid Core & Steel: | Ok |
| Frame: | Ok |
| Hollow: | Ok |
| PAINTING: | |
| Over Dark Colors (Per Room): | Ok |
| Holes in Walls (Each Hole): | Ok |
| Wallpaper Removal (Per Room): | Ok |
| Border Removal (Per Room): | Ok |
| CARPET: | |
| Replace Carpet 1 Bedroom: | Ok |
| MISCELLANEOUS: | |
| Remove Debris (Per Bag): | Ok |
| Removal Of Bulk Items: | Ok |
| Clear Storage Locker: | Ok |
| Closet Shelves: | Ok |
| Window Sills: | Ok |
| Window Screen(s) each: | Ok |
| Broken Window Glass (Per Pane): | Ok |
| Mini Blind(s) each: | Ok |
| Vertical Blinds: | Ok |
| Sliding Mirror/Glass Door (2): | Ok |

| | |
|----------------------------------------------------------------------------------------------|-------------|
| Carbon Monoxide Detector: | Ok |
| Smoke Detector Alarm: | Ok |
| Fire extinguisher: | Ok |
| Cabinet Equipment: | Ok |
| Vinly Tile Kitchen: | Ok |
| Vinly Tile Bathroom: | Ok |
| Exhaust Fan: | Ok |
| Phone Jack: | Ok |
| Fan Blades: | Ok |
| Light Globes: | Ok |
| Door Intercom System: | Ok |
| Switch Plate Covers: | Ok |
| Rallings: | Ok |
| Outside Lights: | Ok |
| Stoppage by foreign object in any drain: | Ok |
| Thermostat Cover: | Ok |
| Cleaning of Apartment: | Ok |
| Common Area damaged during moveout: | Ok |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok |
| Resident | |
| | |
| Lindy Community Representative Name | Nate Morton |

A handwritten signature in black ink, appearing to read "Nate Morton". The signature is stylized with a large, looped "N" and a cursive "Morton".

| | |
|--------------------------------------|-------------|
| Technician | Nate Morton |
| Resident not available for signature | YES |
| Resident refused Signature | NO |