

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

| Inspection Date | Technician  | Property | Units  |
|-----------------|-------------|----------|--------|
| 12-22-2022      | Gregg Smith | Enclaves | 3968A1 |

| Resident Name                | Benjamin Dixon |
|------------------------------|----------------|
| Forwarding Mailing Address   | Not Available  |
| Date Resident Turned in Keys | Dec-22-2022    |

| 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 |
| 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 |
| Oven / Range:   | Ok |
| Oven Door Handle:   | Ok |
| Oven Racks:   | Ok |
| Range Top:  | Ok |
| Refrigerator (Freezer):   | 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:   | Ok |
| Other:             | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

| BATHROOM:          |    |
|--------------------|----|
| Cabinets / Mirror: | Ok |

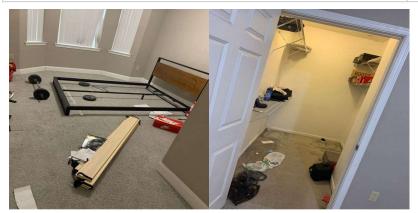
| Ceiling Lights:  | Ok |
|--|----|
| Cleaning Bathroom:   | Ok |
| Complete Toilet:   | Ok |
| Counter Top:   | Ok |
| Floors:  | Ok |
| Formica /Tile:   | Ok |
| Is there signs of moisture from outside in the apartment?: | Ok |
| Medicine Cabinet:  | Ok |
| Mirror Cabinet:  | Ok |
| Other:   | Ok |
| Remove Mildew on Tiles:                                    | Ok |
| Shower Curtain Bar:  | Ok |
| Shower Head:   | Ok |
| Sink:  | Ok |
| Soad Dish (Tub):   | Ok |
| Soap Dish (Sink):  | 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 |

| DOORS:                               |    |
|--------------------------------------|----|
| Apartment Door:                      | Ok |
| Apartment Door closes automatically: | Ok |
| Frame:                               | Ok |
| Hollow:                              | Ok |
| Solid Core & Steel:                  | Ok |

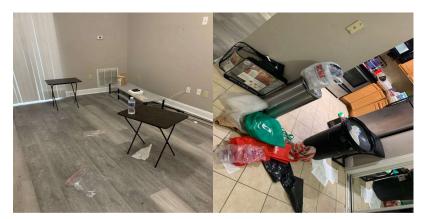
| CARPET: |    |
|---------|----|
| Burns:  | Ok |

| 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 |

| MISCELLANEOUS:                  |                   |
|---------------------------------|-------------------|
| Broken Window Glass (Per Pane): | Ok                |
| Cabinet Equipment:              | Ok                |
| Carbon Monoxide Detector:       | Ok                |
| Clear Storage Locker:           | Ok                |
| Closet Shelves:                 | Ok                |
| Exhaust Fan:                    | Ok                |
| Fire extinguisher:              | Ok                |
| Mini Blind(s) each:             | Ok                |
| Phone Jack:                     | Ok                |
| Removal Of Bulk Items:          | Not Ok            |
| Charges Type                    | Clean             |
| Charges                         |                   |
| Comment                         | Debris everywhere |



| Remove Debris (Per Bag): | Not Ok           |
|--------------------------|------------------|
| Charges Type             | Clean            |
| Charges                  |                  |
| Comment                  | Stuff everywhere |



| Sliding Mirror/Glass Door (2): | Ok |
|--------------------------------|----|
| Smoke Detector Alarm:          | Ok |
| Vertical Blinds:               | Ok |
| Vinly Tile Bathroom:           | Ok |
| Vinly Tile Kitchen:            | Ok |
| Window Screen(s) each:         | Ok |
| Window Sills:                  | Ok |

| Resident |  |  |  |  |
|----------|--|--|--|--|
|----------|--|--|--|--|

| Lindy Community Representative Name | Gregg Smith |
|-------------------------------------|-------------|
|                                     |             |



| Technician                           | Gregg Smith |
|--------------------------------------|-------------|
| Resident not available for signature | YES         |

| Resident | refused | Signature |
|----------|---------|-----------|
|          |         |           |

NO