



# Move Out Inventory & Condition Form

| Inspection Date | Technician   | Property          | Units  |
|-----------------|--------------|-------------------|--------|
| 12-26-2024      | Jason Aleman | Towers at Wyncote | 0225-2 |

|                              |                |
|------------------------------|----------------|
| Resident Name                | Lakisha Hudson |
| Forwarding Mailing Address   | Not Available  |
| Date Resident Turned in Keys | Dec-26-2024    |

| LIVING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Other:             | Ok |
| Plank Flooring:    | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

| DINING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Plank Flooring:    | 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     |                    |  |                               |    |
| <table> <tr> <td><b>Dishwasher:</b></td> <td></td> </tr> <tr> <td>Dishwasher Knob:</td> <td>Ok</td> </tr> </table>              |        | <b>Dishwasher:</b> |  | Dishwasher Knob:              | Ok |
| <b>Dishwasher:</b>                                                                                                              |        |                    |  |                               |    |
| Dishwasher Knob:                                                                                                                | Ok     |                    |  |                               |    |
| <table> <tr> <td><b>Dishwasher:</b></td> <td></td> </tr> <tr> <td>Dishwasher Rack:</td> <td>Ok</td> </tr> </table>              |        | <b>Dishwasher:</b> |  | Dishwasher Rack:              | Ok |
| <b>Dishwasher:</b>                                                                                                              |        |                    |  |                               |    |
| Dishwasher Rack:                                                                                                                | Ok     |                    |  |                               |    |
| <table> <tr> <td><b>Dishwasher:</b></td> <td></td> </tr> <tr> <td>Dishwasher Silverware Holder:</td> <td>Ok</td> </tr> </table> |        | <b>Dishwasher:</b> |  | Dishwasher Silverware Holder: | 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:                                                                                                                      | Not Ok |                    |  |                               |    |
| Charges Type                                                                                                                    | Clean  |                    |  |                               |    |
| Charges                                                                                                                         |        |                    |  |                               |    |
| Comment                                                                                                                         | Clean  |                    |  |                               |    |
|                                              |        |                    |  |                               |    |
| Other:                                                                                                                          | Ok     |                    |  |                               |    |

| Oven / Range:  |        |
|----------------|--------|
| Oven Cleaning: | Not Ok |
| Charges Type   | Clean  |
| Charges        |        |
| Comment        | Clean  |



| Oven / Range:     |    |
|-------------------|----|
| Oven door handle: | Ok |

| Oven / Range:  |    |
|----------------|----|
| Oven drip pan: | Ok |

| Oven / Range: |    |
|---------------|----|
| Oven knobs:   | Ok |

| Oven / Range: |    |
|---------------|----|
| Oven Racks:   | Ok |

| Oven / Range:  |    |
|----------------|----|
| Range burners: | Ok |

| Oven / Range: |    |
|---------------|----|
| Range Hood:   | Ok |

|                   |    |
|-------------------|----|
| Oven Door Handle: | Ok |
| Oven Racks:       | Ok |
| Range Top:        | Ok |

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

|                                |    |
|--------------------------------|----|
| <b>Refrigerator (Freezer):</b> |    |
| Refrigerator (Drawers):        | Ok |

|                                |    |
|--------------------------------|----|
| <b>Refrigerator (Freezer):</b> |    |
| Refrigerator (Shelf and Bars): | Ok |

|                                     |    |
|-------------------------------------|----|
| <b>Refrigerator (Freezer):</b>      |    |
| 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 |

|                    |    |
|--------------------|----|
| <b>BEDROOMS:</b>   |    |
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Floors / Carpet:   | Ok |
| Other:             | Ok |
| Plank Flooring:    | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

|                                                            |    |
|------------------------------------------------------------|----|
| <b>BATHROOM:</b>                                           |    |
| 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 |
| Plank Flooring:         | 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 |

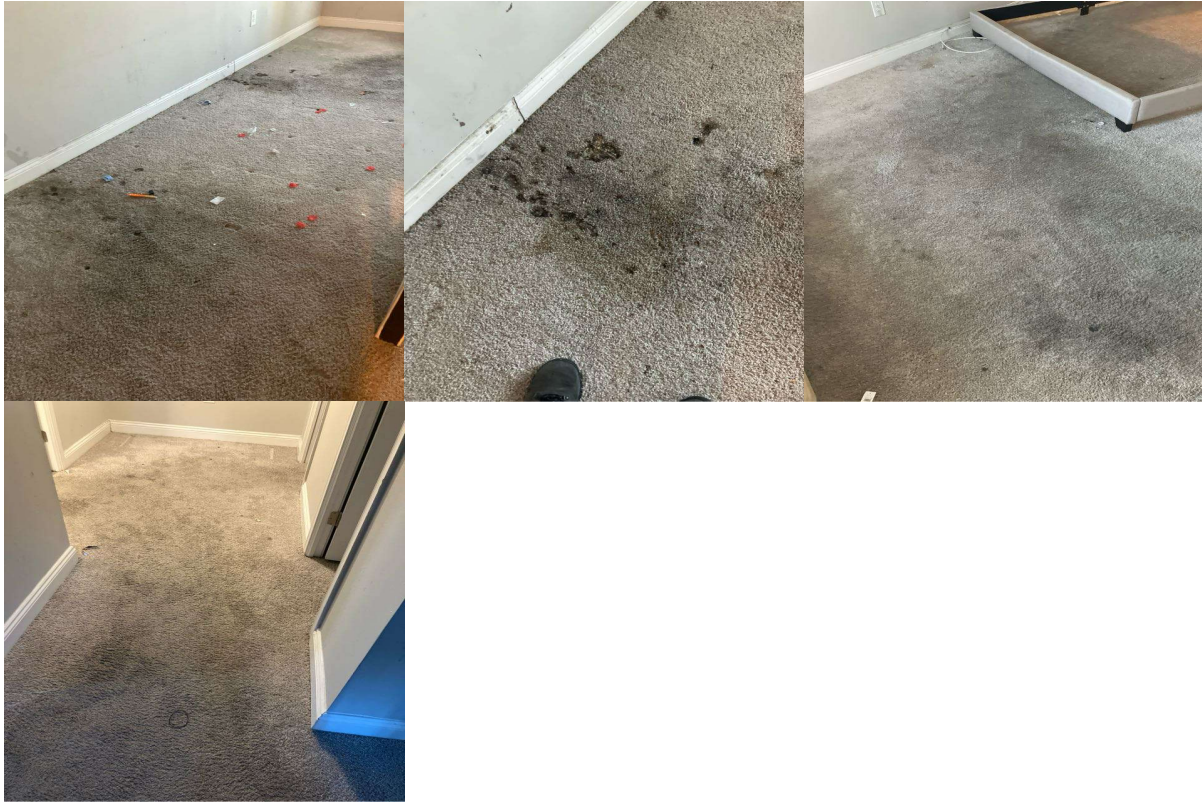
|                     |    |
|---------------------|----|
| Solid Core & Steel: | Ok |
|---------------------|----|

| <b>PAINTING:</b>            |                                                              |
|-----------------------------|--------------------------------------------------------------|
| Border Removal (Per Room):  | Ok                                                           |
| Holes in Walls (Each Hole): | Not Ok                                                       |
| Charges Type                | Repair                                                       |
| Charges                     |                                                              |
| Comment                     | Repair 20 in master 9 in guest 18 in living room/dining room |



|                               |    |
|-------------------------------|----|
| 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: | Not Ok                |
| Charges Type              | Replace               |
| Charges                   |                       |
| Comment                   | Replace master carpet |



|                           |                      |
|---------------------------|----------------------|
| Replace Carpet 2 Bedroom: | Not Ok               |
| Charges Type              | Replace              |
| Charges                   |                      |
| Comment                   | Replace guest carpet |



|                    |    |
|--------------------|----|
| 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 |
| 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     |
| 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                                                                                      | Clean  |



|                                          |    |
|------------------------------------------|----|
| 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 |

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

|                                     |              |
|-------------------------------------|--------------|
| Lindy Community Representative Name | Jason Aleman |
|-------------------------------------|--------------|



|                                      |              |
|--------------------------------------|--------------|
| Technician                           | Jason Aleman |
| Resident not available for signature | NO           |
| Resident refused Signature           | NO           |