

**Uloft's Apartments
MOVE-IN/MOVE-OUT
CONDITION REPORT**

Resident Name: ZULFIQAR ALI KHAN
Apartment #: 2011
Move-in Date: 12/31/18

ITEM/AREA	CONDITION AT MOVE-IN	CONDITION AT MOVE-OUT	CHARGE
Entry	<input type="checkbox"/> (Please check box to indicate "satisfactory condition". Otherwise, provide a brief description.)	<input type="checkbox"/> (Please check box to indicate "satisfactory condition". Otherwise, provide a brief description.)	
Entry Door	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> slightly problem	
Lock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Living/Dining Area	<input type="checkbox"/> (Please check box to indicate "satisfactory condition". Otherwise, provide a brief description.)	<input type="checkbox"/> (Please check box to indicate "satisfactory condition". Otherwise, provide a brief description.)	
Tile	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> black spots & broken	
Walls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> sofa spots on walls	
Ceiling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> not easily open	
Windows/Screens	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> not fixed	
Blinds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ceiling Fan/Light Fixtures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> not tested (not working)	
Smoke Detector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> very old, spots, dirty, hard	
Sofa/Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> torn, many scratches, dirty, spots	
Coffee Table/End Table	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> stained	
TV Stand	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Dining Table/Chair/Bar Stools	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Bar stool (broken)	
Lamp	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Balcony Area	<input type="checkbox"/> (Please check box to indicate "satisfactory condition". Otherwise, provide a brief description.)	<input type="checkbox"/> (Please check box to indicate "satisfactory condition". Otherwise, provide a brief description.)	
Door	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> difficult to open	
Floor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> dirt	
Blinds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Railing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Kitchen	<input type="checkbox"/> (Please check box to indicate "satisfactory condition". Otherwise, provide a brief description.)	<input type="checkbox"/> (Please check box to indicate "satisfactory condition". Otherwise, provide a brief description.)	
Tile	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> stained & broken	
Walls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> slightly stained	
Ceiling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Light Fixture	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> low light; large bulb	
Stove	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> small flame, without	
Refrigerator/Ice Maker	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> slow in cooling	
Microwave	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Not working, No light, some dirty	
Dishwasher	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> dirty, check prob.	
Cabinets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Not working	
Countertops	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> stained	
Drawers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Not working	
Laundry	<input type="checkbox"/> (Please check box to indicate "satisfactory condition". Otherwise, provide a brief description.)	<input type="checkbox"/> (Please check box to indicate "satisfactory condition". Otherwise, provide a brief description.)	
Flooring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> dirty	
Walls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> dirty (No light)	
Bi-Fold Doors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Washer/Dryer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Not working	
Bedroom	<input type="checkbox"/> (Please check box to indicate "satisfactory condition". Otherwise, provide a brief description.)	<input type="checkbox"/> (Please check box to indicate "satisfactory condition". Otherwise, provide a brief description.)	
Door	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> opening problem	
Carpet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> dirty & old	
Walls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> stained	
Ceiling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> stained & looks weak	
Ceiling Fan/Light	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> light low, fan slow	
Closet Doors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> dirty	
Windows	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Blinds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> dirty, & slight opening problem	
Smoke Detector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Not working	
Bed/Mattress/Frame	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> cuts	
Desk/Desk Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> chesty, draws prob.	
Dresser/Nightstand	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Not found	
Lamp	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Bathroom	<input type="checkbox"/> (Please check box to indicate "satisfactory condition". Otherwise, provide a brief description.)	<input type="checkbox"/> (Please check box to indicate "satisfactory condition". Otherwise, provide a brief description.)	
Door	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> opening problem with lock	
Tile	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> dirty, broken	
Walls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> dirt	
Ceiling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> stained	
Light Fixture	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> one bulb fused	
Vent Fan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Not working	
Towel Rack/Shower Rod	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> broken, fixed, not	
Tub/Shower	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> fixed	
Toilet/Toilet Paper Holder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Tub dirty & stained	
Mirror/Medicine Cabinet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Shower: very slow	
Vanity Top/Sink/Cabinet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> please change Toilet bowl	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> one drawer not broken	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Nasty: Not found; sink very high; cabinet drawer problem	

By signing the Move-In Condition Report, I acknowledge that I have received a copy of the Damage Charge List. This list informs me of the approximate cost to repair/replace any items that I, my roommates or our guests may damage. I also understand that prices listed are subject to change without notice.

See attached charge out sheet

TOTAL SECURITY DEPOSIT REFUND

Security Deposit on Hand

Less: Deficiency Charges (Total from above)

Other Charges (Specify)

TOTAL REFUND

Condition at Move-In	Condition at Move-Out	Forwarding Address
Resident: <u>Zulfiqar Ali Khan</u>	Resident:	Street:
Manager:	Manager:	City:
Date: <u>12/31/18</u>	Date:	State & Zip:

This form is to be completed & returned to the Leasing Office within 24 hours of move-in.
Mailbox key will be given when form is turned into office.
Damages not noted on form become the responsibility of the current resident.

Heating problem: No heat in any room not fix then (Can't fix heat)
Kitchen Sink problem: some water
Smoke alarm problem: don't have sensor