



## Make Ready Checklist Inspection

| Inspection Date | Technician   | Property             | Units |
|-----------------|--------------|----------------------|-------|
| 01-04-2022      | Peter Tester | 450 Green Apartments | N200  |

|                     |    |
|---------------------|----|
| <b>LIVING ROOM:</b> |    |
| Ceilings / Lights:  | Ok |
| Door / Closet:      | Ok |
| Other:              | Ok |
| Walls / Outlets:    | Ok |
| Window:             | Ok |
| Window coverings:   | Ok |

|                     |             |
|---------------------|-------------|
| <b>DINING ROOM:</b> |             |
| Ceilings / Lights:  | Not Ok      |
| Charges Type        |             |
| Charges             | 0           |
| Comment             | TEST LIGHTS |



|                   |    |
|-------------------|----|
| Walls / Outlets:  | Ok |
| Window:           | Ok |
| Window coverings: | Ok |

|                 |  |
|-----------------|--|
| <b>KITCHEN:</b> |  |
|-----------------|--|

|                         |    |
|-------------------------|----|
| 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 |
| Fire Stops:             | 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 |
| Wall Outlets:           | Ok |
| Washer/Dryer:           | Ok |
| Window Coverings:       | Ok |

| <b>BEDROOMS:</b>   |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Floors / Carpet:   | Ok |

|                  |            |
|------------------|------------|
| Other:           | Ok         |
| Walls / Outlets: | Not Ok     |
| Charges Type     |            |
| Charges          | 0          |
| Comment          | TEST WALLS |



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

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

|                     |    |
|---------------------|----|
| <b>DOORS:</b>       |    |
| Apartment Door:     | 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 |

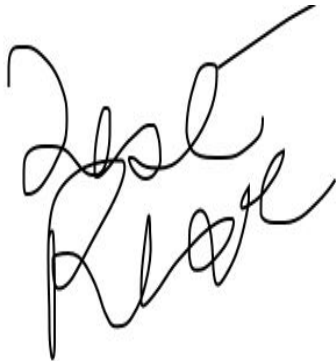
|                           |    |
|---------------------------|----|
| Replace Carpet 2 Bedroom: | Ok |
| Shampoo 1 Bedroom:        | Ok |
| Shampoo 2 Bedroom:        | Ok |
| Stain Removal:            | Ok |

| <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  |
| Confirm you have installed or there is in place a stainless steel toilet tank water connector.: | Ok  |
| Door Intercom System:   | Ok  |
| Exhaust Fan:  | Ok  |
| Fan Blades:   | Ok  |
| Fire extinguisher:  | Ok  |
| If fire stops have been installed throughout the property, ensure fire stops are installed.:    | Ok  |
| If there are sprinkler heads, are they painted?:  | Yes |
| If there are sprinklers, are the sprinkler pipes painted?:                                      | Yes |
| Light Globes:   | Ok  |
| Mini Blind(s) each:   | Ok  |
| Outside Lights:   | Ok  |
| Phone Jack:   | Ok  |
| Rallings:   | Ok  |
| Removal Of Bulk Items:  | Ok  |
| 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 |
| 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 | TEST RESIDENT |
|----------|---------------|



|                                     |              |
|-------------------------------------|--------------|
| Lindy Community Representative Name | Peter Tester |
|-------------------------------------|--------------|



|                                      |              |
|--------------------------------------|--------------|
| Technician                           | Peter Tester |
| Resident not available for signature |              |
| Resident refused Signature           |              |