

## **Make Ready Checklist Inspection**

| Inspection Date | Technician | Property          | Units  |
|-----------------|------------|-------------------|--------|
| 02-16-2022      | Frank Baer | Towers at Wyncote | 1123-1 |

| 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 |
| 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 |

| BEDROOMS:          |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Floors / Carpet:   | Ok |
| Other:             | Ok |
| Plank Flooring:    | 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             |
| Plank Flooring:  | Ok             |
| Remove Mildew on Tiles:                                    | Not Ok         |
| Charges Type   |                |
| Charges  | 0              |
| Comment  | Needs touch up |



| 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 |

| LOCKS:  |    |
|---|----|
| 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 |

Window:

Mail-Box Lock:

Ok

Ok

| KEYS:                            |    |
|----------------------------------|----|
| Failure To Return Apartment Key: | Ok |
| Failure To Return Mailbox Key:   | Ok |

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

| PAINTING:                     |    |
|-------------------------------|----|
| Border Removal (Per Room):    | Ok |
| Holes in Walls (Each Hole):   | Ok |
| Over Dark Colors (Per Room):  | Ok |
| Wallpaper Removal (Per Room): | 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            |
| 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            |
| 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):  | Not Ok        |
| Charges Type  |               |
| Charges   | 0             |
| Comment   | Needs cleaned |



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 |

| OVERALL:                                 |    |
|--|----|
| Signs of Moisture inside the apartment:  | Ok |
| Signs of Moisture outside the apartment: | Ok |

| Lindy Community Representative Name Frank Baer |
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|--|

| Technician                           | Frank Baer |
|--------------------------------------|------------|
| Resident not available for signature |            |
| Resident refused Signature           |            |