



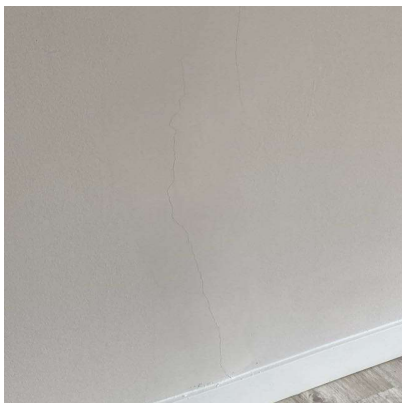
## Make Ready Checklist Inspection

| Inspection Date | Technician        | Property          | Units  |
|-----------------|-------------------|-------------------|--------|
| 05-23-2024      | Michelle Montalvo | Towers at Wyncote | 0806-1 |

|                     |        |
|---------------------|--------|
| <b>LIVING ROOM:</b> |        |
| Ceilings / Lights:  | Ok     |
| Door / Closet:      | Ok     |
| Other:              | Not Ok |
| Charges Type        |        |
| Charges             | 0      |



|                  |        |
|------------------|--------|
| Plank Flooring:  | Ok     |
| Walls / Outlets: | Not Ok |
| Charges Type     |        |
| Charges          | 0      |



|                   |    |
|-------------------|----|
| Window:           | Ok |
| Window coverings: | Ok |

| <b>DINING ROOM:</b> |     |
|---------------------|-----|
| Ceilings / Lights:  | Ok  |
| Plank Flooring:     | Ok  |
| Walls / Outlets:    | Ok  |
| Window:             | N/A |
| Window coverings:   | N/A |

| <b>KITCHEN:</b>        |  |
|------------------------|--|
| Backsplash:            | N/A                                      |
| Ceiling Fan:           | N/A                                      |
| Ceiling Light Fixture: | Ok                                       |
| Ceiling Lights:        | Ok                                       |
| Cleaning of Stove:     | Ok                                       |
| Drip Pan:              | Ok                                       |
| Faucet:                | Ok                                       |
| Faucet Knobs:          | Ok                                       |
| Floors:                | Ok                                       |
| Formica/Tiles:         | N/A                                      |
| Garbage Disposal:      | Ok                                       |
| Kitchen Sink:          | Ok                                       |
| Microwave:             | Ok                                       |
| Other:                 | Not Ok                                   |
| Charges Type           |  |
| Charges                | 0  |
| Comment                | Yellow caulking. Exposed under cabinets. |



|   |   |
|---|---|
| Oven Door Handle:   | Ok  |
| Oven Racks:   | 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:   | Not Ok  |
| Charges Type  |   |
| Charges   | 0   |
| Comment   | Struggle to open door due to size of appliance. |



|                   |     |
|-------------------|-----|
| Window Coverings: | N/A |
|-------------------|-----|

| BEDROOMS:          |     |
|--------------------|-----|
| Ceilings / Lights: | N/A |
| Door / Closet:     | Ok  |
| Floors / Carpet:   | Ok  |
| Other:             | Ok  |
| Plank Flooring:    | Ok  |

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

|                    |        |
|--------------------|--------|
| <b>BATHROOM:</b>   |        |
| Cleaning Bathroom: | Not Ok |
| Charges Type       |        |
| Charges            | 0      |



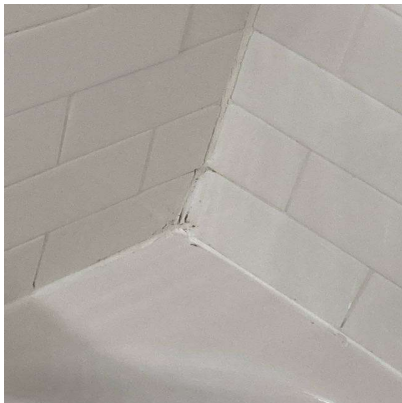
|                  |                       |
|------------------|-----------------------|
| Complete Toilet: | Ok                    |
| Counter Top:     | Not Ok                |
| Charges Type     |                       |
| Charges          | 0                     |
| Comment          | Caulking is yellowing |



|  |        |
|--|--------|
| Is there signs of moisture from outside in the apartment?: | N/A    |
| Medicine Cabinet:  | N/A    |
| Mirror Cabinet:  | Ok     |
| Other:   | Not Ok |
| Charges Type   |        |
| Charges  | 0      |



|                         |        |
|-------------------------|--------|
| Plank Flooring:         | Ok     |
| Remove Mildew on Tiles: | Not Ok |
| Charges Type            |        |
| Charges                 | 0      |



|                      |        |
|----------------------|--------|
| Shower Curtain Bar:  | Ok     |
| Shower Head:         | Ok     |
| Sink:                | Ok     |
| Soad Dish (Tub):     | N/A    |
| Soap Dish (Sink):    | N/A    |
| Toilet Paper Holder: | Ok     |
| Toilet Tank:         | Ok     |
| Towel Bar:           | Ok     |
| Tub Knob(s):         | Ok     |
| Tub Reglazing:       | Ok     |
| Vanity Cabinet:      | Not Ok |
| Charges Type         |        |
| Charges              | 0      |



| 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 |
| Mail-Box Lock:  | 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:                    |        |
|------------------------------|--------|
| Holes in Walls (Each Hole):  | Ok     |
| Over Dark Colors (Per Room): | Not Ok |
| Charges Type                 |        |
| Charges                      | 0      |



| <b>CARPET:</b>            |     |
|---------------------------|-----|
| Burns:                    | N/A |
| Deodorize:                | N/A |
| Pet Treatment (Odor):     | N/A |
| Replace Carpet 1 Bedroom: | N/A |
| Replace Carpet 2 Bedroom: | N/A |
| Shampoo 1 Bedroom:        | N/A |
| Shampoo 2 Bedroom:        | N/A |
| Stain Removal:            | N/A |

| <b>MISCELLANEOUS:</b>           |                            |
|---------------------------------|----------------------------|
| Broken Window Glass (Per Pane): | Ok                         |
| Cabinet Equipment:              | Ok                         |
| Carbon Monoxide Detector:       | Ok                         |
| Cleaning of Apartment:          | Not Ok                     |
| Charges Type                    |                            |
| Charges                         | 0                          |
| Comment                         | It smells like cigarettes. |



|                       |    |
|-----------------------|----|
| 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  |
| Dryer Vent Check water filled to level identified:  | 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:  | 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:   | N/A |
| Vertical Blinds:  | Ok  |
| Vinly Tile Bathroom:  | N/A |
| Vinly Tile Kitchen:   | N/A |
| 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 |  |
|----------|--|



|   |                   |
|---|-------------------|
| Lindy Community Representative Name   | Michelle Montalvo |
|  |                   |
| Technician  | Michelle Montalvo |
| Resident not available for signature  |                   |