



## Make Ready Checklist Inspection

| Inspection Date | Technician | Property      | Units |
|-----------------|------------|---------------|-------|
| 06-26-2020      | Dawn Buck  | Regency House | 420   |

|                                     |    |
|-------------------------------------|----|
| <b>LIVING ROOM:</b>                 |    |
| Walls / Outlets:                    | Ok |
| Ceilings / Lights:                  | Ok |
| Window:                             | Ok |
| Door / Closet:                      | Ok |
| Window coverings:                   | Ok |
| Other:                              | Ok |
| <b>DINING ROOM:</b>                 |    |
| Walls / Outlets:                    | Ok |
| Ceilings / Lights:                  | Ok |
| Window:                             | Ok |
| Window coverings:                   | Ok |
| <b>KITCHEN:</b>                     |    |
| Electric Meter:                     | Ok |
| Cabinets:                           | Ok |
| Cabinet Door:                       | Ok |
| Cabinet Shelf:                      | Ok |
| Cabinet Handle:                     | Ok |
| Counter Top:                        | Ok |
| Refrigerator (Freezer):             | Ok |
| Refrigerator (Shelf and Bars):      | Ok |
| Refrigerator (Drawers):             | Ok |
| Refrigerator Crisper Glass/Plastic: | Ok |
| Cleaning Refrigerator:              | Ok |
| Dishwasher Rack:                    | Ok |

|                               |    |
|-------------------------------|----|
| Dishwasher Silverware Holder: | Ok |
| Dishwasher Knob:              | Ok |
| Fire Stops:                   | Ok |
| Formica/Tiles:                | Ok |
| Stove Knob:                   | Ok |
| Microwave:                    | Ok |
| Cleaning of Stove:            | Ok |
| Ceiling Lights:               | Ok |
| Garbage Disposal:             | Ok |
| Rubber Stopper:               | Ok |
| Oven Door Handle:             | Ok |
| Oven Racks:                   | Ok |
| Kitchen Sink:                 | Ok |
| Faucet Knobs:                 | Ok |
| Floors:                       | Ok |
| Faucet:                       | Ok |
| Drip Pan:                     | Ok |
| Range Hood:                   | Ok |
| Range Top:                    | Ok |
| Ceiling Light Fixture:        | Ok |
| Backsplash:                   | Ok |
| Ceiling Fan:                  | Ok |
| Washer/Dryer:                 | Ok |
| Wall Outlets:                 | Ok |
| Window Coverings:             | Ok |
| Other:                        | Ok |
| <b>BEDROOMS:</b>              |    |
| Walls / Outlets:              | Ok |
| Ceilings / Lights:            | Ok |
| Floors / Carpet:              | Ok |
| Window:                       | Ok |
| Window coverings:             | Ok |
| Door / Closet:                | Ok |
| Other:                        | Ok |

|                                                                           |    |
|---------------------------------------------------------------------------|----|
| <b>BATHROOM:</b>                                                          |    |
| Medicine Cabinet:                                                         | Ok |
| Mirror Cabinet:                                                           | Ok |
| Vanity Cabinet:                                                           | Ok |
| Sink:                                                                     | Ok |
| Toilet Tank Cover:                                                        | Ok |
| Toilet Tank:                                                              | Ok |
| Toilet Bowl:                                                              | Ok |
| Complete Toilet:                                                          | Ok |
| Toilet Paper Holder:                                                      | Ok |
| Shower Head:                                                              | Ok |
| Tub Knob(s):                                                              | Ok |
| Shower Curtain Bar:                                                       | Ok |
| Towel Bar:                                                                | Ok |
| Tub Reglazing:                                                            | Ok |
| Counter Top:                                                              | Ok |
| Soap Dish (Sink):                                                         | Ok |
| Soad Dish (Tub):                                                          | Ok |
| Remove Mildew on Tiles:                                                   | Ok |
| Cleaning Bathroom:                                                        | Ok |
| Wall Outlets:                                                             | Ok |
| Ceiling Lights:                                                           | Ok |
| Floors:                                                                   | Ok |
| Formica /Tile:                                                            | Ok |
| Cabinets / Mirror:                                                        | Ok |
| Window:                                                                   | Ok |
| Other:                                                                    | Ok |
| Is there signs of moisture from outside in the apartment?:                | Ok |
| <b>LOCKS:</b>                                                             |    |
| Door Lock:                                                                | Ok |
| Door Knob:                                                                | Ok |
| Fix Door when extra lock is removed:                                      | Ok |
| Mail-Box Lock:                                                            | Ok |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok |

|                                  |    |
|----------------------------------|----|
| <b>KEYS:</b>                     |    |
| Failure To Return Apartment Key: | Ok |
| Failure To Return Mailbox Key:   | Ok |
| <b>DOORS:</b>                    |    |
| Apartment Door:                  | Ok |
| Solid Core & Steel:              | Ok |
| Frame:                           | Ok |
| Hollow:                          | Ok |
| <b>PAINTING:</b>                 |    |
| Over Dark Colors (Per Room):     | Ok |
| Holes in Walls (Each Hole):      | Ok |
| Wallpaper Removal (Per Room):    | Ok |
| Border Removal (Per Room):       | Ok |
| <b>CARPET:</b>                   |    |
| Shampoo 1 Bedroom:               | Ok |
| Shampoo 2 Bedroom:               | Ok |
| Stain Removal:                   | Ok |
| Burns:                           | Ok |
| Deodorize:                       | Ok |
| Pet Treatment (Odor):            | Ok |
| Replace Carpet 1 Bedroom:        | Ok |
| Replace Carpet 2 Bedroom:        | Ok |
| <b>MISCELLANEOUS:</b>            |    |
| Remove Debris (Per Bag):         | Ok |
| Removal Of Bulk Items:           | Ok |
| Clear Storage Locker:            | Ok |
| Closet Shelves:                  | Ok |
| Window Sills:                    | Ok |
| Window Screen(s) each:           | Ok |
| Broken Window Glass (Per Pane):  | Ok |
| Mini Blind(s) each:              | Ok |
| Vertical Blinds:                 | Ok |
| Sliding Mirror/Glass Door (2):   | Ok |
| Carbon Monoxide Detector:        | Ok |

|                                                                                              |           |
|----------------------------------------------------------------------------------------------|-----------|
| Smoke Detector Alarm:                                                                        | Ok        |
| Fire extinguisher:                                                                           | Ok        |
| Cabinet Equipment:                                                                           | Ok        |
| Vinly Tile Kitchen:                                                                          | Ok        |
| Vinly Tile Bathroom:                                                                         | Ok        |
| Exhaust Fan:                                                                                 | Ok        |
| Phone Jack:                                                                                  | Ok        |
| Fan Blades:                                                                                  | Ok        |
| Light Globes:                                                                                | Ok        |
| Door Intercom System:                                                                        | Ok        |
| Switch Plate Covers:                                                                         | Ok        |
| Rallings:                                                                                    | Ok        |
| Outside Lights:                                                                              | Ok        |
| Stoppage by foreign object in any drain:                                                     | Ok        |
| Thermostat Cover:                                                                            | Ok        |
| Cleaning of Apartment:                                                                       | Ok        |
| Common Area damaged during moveout:                                                          | Ok        |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok        |
| <b>OVERALL:</b>                                                                              |           |
| Signs of Moisture inside the apartment:                                                      | Ok        |
| Signs of Moisture outside the apartment:                                                     | Ok        |
| Resident                                                                                     |           |
| Lindy Community Representative Name                                                          | Dawn Buck |

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end.

|                                      |           |
|--------------------------------------|-----------|
| Technician                           | Dawn Buck |
| Resident not available for signature |           |
| Resident refused Signature           |           |