



## Make Ready Checklist Inspection

| Inspection Date | Technician | Property          | Units  |
|-----------------|------------|-------------------|--------|
| 06-30-2021      | Frank Baer | Towers at Wyncote | 0516-1 |

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

| DINING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | 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:            | Not Ok                    |
| Charges Type      |                           |
| Charges           | 0                         |
| Comment           | Touch up kitchen cabinets |



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

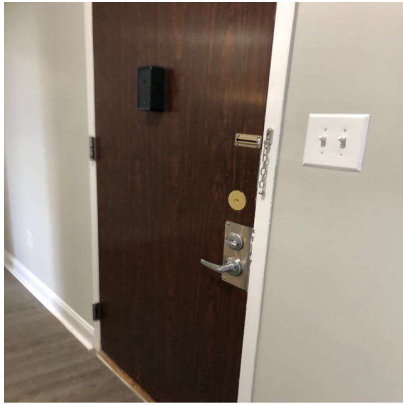
| <b>BATHROOM:</b>   |    |
|--|----|
| Cabinets / Mirror:   | Ok |
| Ceiling Lights:  | Ok |
| Cleaning Bathroom:   | Ok |
| Complete Toilet:   | Ok |
| Counter Top:   | Ok |
| Floors:  | Ok |
| Formica /Tile:   | Ok |
| Is there signs of moisture from outside in the apartment?: | Ok |
| Medicine Cabinet:  | 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 |

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

|                 |   |
|-----------------|---|
| <b>DOORS:</b>   |   |
| Apartment Door: | Not Ok                                  |
| Charges Type    |   |
| Charges         | 0                                       |
| Comment         | Front door sticks . Operable but sticks |



|                     |    |
|---------------------|----|
| 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 |
| 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):   | 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 |  |
|----------|--|

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



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