



## Make Ready Checklist Inspection

| Inspection Date | Technician | Property          | Units  |
|-----------------|------------|-------------------|--------|
| 07-10-2024      | Frank Baer | Towers at Wyncote | 1013-1 |

| 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            |
| Floors:           | Ok            |
| Formica/Tiles:    | Ok            |
| Garbage Disposal: | Ok            |
| Kitchen Sink:     | Ok            |
| Microwave:        | Ok            |
| Other:            | Not Ok        |
| Charges Type      |               |
| Charges           | 0             |
| Comment           | Bugs in light |



|                                                                                               |    |
|-----------------------------------------------------------------------------------------------|----|
| Oven / Range:                                                                                 | Ok |
| Oven Door Handle:                                                                             | Ok |
| Oven Racks:                                                                                   | Ok |
| Range Top:                                                                                    | Ok |
| Refrigerator (Freezer):                                                                       | 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:                                                                                 | Ok |
| Window Coverings:                                                                             | Ok |

| BEDROOMS:          |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |

|                  |                                       |
|------------------|---------------------------------------|
| Floors / Carpet: | Ok                                    |
| Other:           | Not Ok                                |
| Charges Type     |                                       |
| Charges          | 0                                     |
| Comment          | Needs threshold to cover carport Frey |



|                   |    |
|-------------------|----|
| Plank Flooring:   | 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       |
| Comment                                                    | Touch up |



|                         |        |
|-------------------------|--------|
| Plank Flooring:         | 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:          | Not Ok |
| Charges Type            |        |
| Charges                 | 0      |
| Comment                 | Caulk  |



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

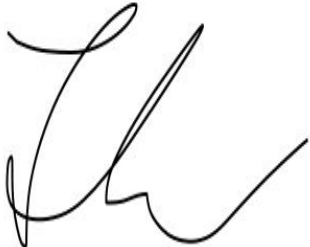
| <b>PAINTING:</b>              |    |
|-------------------------------|----|
| Border Removal (Per Room):    | Ok |
| Holes in Walls (Each Hole):   | Ok |
| Over Dark Colors (Per Room):  | Ok |
| Wallpaper Removal (Per Room): | Ok |

| <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         |
| 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         |
| Date of Installation                                                                            | 2024-07-10 |
| 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                                              |            |