



## Make Ready Checklist Inspection

| Inspection Date | Technician | Property          | Units  |
|-----------------|------------|-------------------|--------|
| 08-14-2024      | Frank Baer | Towers at Wyncote | 1104-1 |

| LIVING ROOM:       |                                 |
|--------------------|---------------------------------|
| Ceilings / Lights: | Ok                              |
| Door / Closet:     | Ok                              |
| Other:             | Not Ok                          |
| Charges Type       |                                 |
| Charges            | 0                               |
| Comment            | Dirty windows and doors , cable |



|                   |    |
|-------------------|----|
| 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 |
|-------------------|----|

| <b>KITCHEN:</b>        |                                       |
|------------------------|---------------------------------------|
| 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                | Dirty refrigerator front and cabinets |



|                   |    |
|-------------------|----|
| 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            | Carpet |



|                   |    |
|-------------------|----|
| 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:                                    | 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:                      | 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                                                                         | 2024-08-14 |
| 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                             |            |
| <div> <div></div> <div></div> </div> |            |
| Lindy Community Representative Name  | Frank Baer |

A handwritten signature in black ink, consisting of a stylized 'F' followed by a cursive 'B' and a trailing flourish.

Technician

Frank Baer

Resident not available for signature