



## Make Ready Checklist Inspection

| Inspection Date | Technician   | Property             | Units |
|-----------------|--------------|----------------------|-------|
| 09-08-2022      | Saleesha Sin | 450 Green Apartments | D312  |

| 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             |
| Floors:                                                                                       | Ok             |
| Formica/Tiles:                                                                                | Ok             |
| Garbage Disposal:                                                                             | Not Ok         |
| Charges Type                                                                                  |                |
| Charges                                                                                       | 0              |
| Comment                                                                                       | Not turning on |
| Kitchen Sink:                                                                                 | Ok             |
| Microwave:                                                                                    | Ok             |
| Other:                                                                                        | Ok             |
| 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             |

| <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:                                               | Not Ok                                 |
| Charges Type                                               |                                        |
| Charges                                                    | 0                                      |
| Comment                                                    | Tank not filled with water; cant flush |
| 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 |

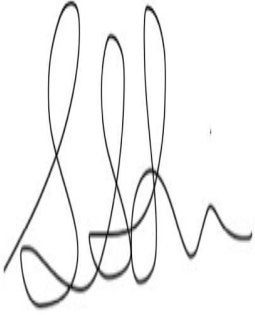
| <b>CARPET:</b>            |    |
|---------------------------|----|
| Burns:                    | Ok |
| Deodorize:                | Ok |
| Pet Treatment (Odor):     | Ok |
| Replace Carpet 1 Bedroom: | Ok |
| Replace Carpet 2 Bedroom: | Ok |
| Shampoo 1 Bedroom:        | Ok |
| Shampoo 2 Bedroom:        | 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  |
| Exhaust Fan:                                                                                    | Ok  |
| Fan Blades:                                                                                     | Ok  |
| Fire extinguisher:                                                                              | Ok  |
| If fire stops have been installed throughout the property, ensure fire stops are installed.:    | Ok  |
| If there are sprinkler heads, are they painted?:                                                | Yes |
| If there are sprinklers, are the sprinkler pipes painted?:                                      | Yes |
| 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                                               | Saleesha Sin |
|  |              |
| Technician                                                                        | Saleesha Sin |
| Resident not available for signature                                              |              |
| Resident refused Signature                                                        |              |