

## **Make Ready Checklist Inspection**

| Inspection Date | Technician | Property           | Units |
|-----------------|------------|--------------------|-------|
| 09-18-2023      | Laura Reed | York House (South) | 0707  |

| LIVING ROOM:       |                 |
|--------------------|-----------------|
| Ceilings / Lights: | Not Ok          |
| Charges Type       |                 |
| Charges            | 0               |
| Comment            | Need chandelier |
| 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:            | N/A |
| Cabinets:              | Ok  |
| Ceiling Fan:           | N/A |
| 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:   | N/A |
| 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:   | N/A |
| Window Coverings:   | Ok  |

| BEDROOMS:          |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Floors / Carpet:   | Ok |
| Other:             | 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?: | Not Ok |
| Charges Type   |        |
| Charges  | 0      |
| 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:   | N/A    |
| Vanity Cabinet:  | Ok     |
| Wall Outlets:  | Ok     |
| Window:  | Ok     |

| LOCKS:  |    |
|---|----|
| 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 |

| Failure To Return Apartment Key: | Ok |
|----------------------------------|----|
| Failure To Return Mailbox Key:   | Ok |

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

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

| CARPET:                   |    |
|---------------------------|----|
| 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 |

| MISCELLANEOUS:                  |                |
|---------------------------------|----------------|
| Broken Window Glass (Per Pane): | Ok             |
| Cabinet Equipment:              | Ok             |
| Carbon Monoxide Detector:       | Not Ok         |
| Charges Type                    |                |
| Charges                         | 0              |
| Comment                         | Will add today |
| 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:   | N/A        |
| Exhaust Fan:  | N/A        |
| Fan Blades:   | N/A        |
| If fire stops have been installed throughout the property, ensure fire stops are installed.:    | Ok         |
| Date of Installation  | 2022-09-18 |
| 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:   | N/A        |
| Outside Lights:   | N/A        |
| Phone Jack:   | N/A        |
| Rallings:   | N/A        |
| Removal Of Bulk Items:  | Ok         |
| Remove Debris (Per Bag):  | Ok         |
| Sliding Mirror/Glass Door (2):  | N/A        |
| Smoke Detector Alarm:   | Ok         |
| Stoppage by foreign object in any drain:  | Ok         |
| Switch Plate Covers:  | Ok         |
| Thermostat Cover:   | N/A        |
| Vertical Blinds:  | Ok         |
| Vinly Tile Bathroom:  | Ok         |
| Vinly Tile Kitchen:   | Ok         |
| Window Screen(s) each:  | Ok         |
| Window Sills:   | Ok         |

| OVERALL:                                 |        |
|--|--------|
| Signs of Moisture inside the apartment:  | Not Ok |
| Charges Type                             |        |
| Charges                                  | 0      |
| Signs of Moisture outside the apartment: | Not Ok |
| Charges Type                             |        |

| Charges                              |            | 0 |
|--------------------------------------|------------|---|
| Resident                             |            |   |
|                                      |            |   |
|                                      |            |   |
|                                      |            |   |
|                                      |            |   |
|                                      |            |   |
| Lindy Community Representative Name  | Laura Reed | l |
|                                      |            |   |
| Technician                           | Laura Reed |   |
| Resident not available for signature |            |   |
|                                      |            |   |