



# Make Ready Checklist Inspection

| Inspection Date | Technician   | Property          | Units  |
|-----------------|--------------|-------------------|--------|
| 09-18-2024      | Andre Walker | Towers at Wyncote | 0922-2 |

| 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:       |    |
| Cabinet Door:   | Ok |
| Cabinets:       |    |
| Cabinet Handle: | Ok |
| Cabinets:       |    |
| Cabinet Shelf:  | Ok |

|                                                                                     |                |
|-------------------------------------------------------------------------------------|----------------|
| Ceiling Fan:                                                                        | Ok             |
| Ceiling Light Fixture:                                                              | Ok             |
| Ceiling Lights:                                                                     | Ok             |
| Cleaning of Stove:                                                                  | Ok             |
| Counter Top:                                                                        | Ok             |
| <b>Dishwasher:</b>                                                                  |                |
| Dishwasher Knob:                                                                    | Ok             |
| <b>Dishwasher:</b>                                                                  |                |
| Dishwasher Rack:                                                                    | Ok             |
| <b>Dishwasher:</b>                                                                  |                |
| Dishwasher Silverware Holder:                                                       | Ok             |
| Drip Pan:                                                                           | Ok             |
| Electric Meter:                                                                     | Ok             |
| Faucet:                                                                             | Ok             |
| Faucet Knobs:                                                                       | Ok             |
| Floors:                                                                             | Ok             |
| Formica/Tiles:                                                                      | Ok             |
| Garbage Disposal:                                                                   | Ok             |
| Kitchen Sink:                                                                       | Ok             |
| Microwave:                                                                          | Not Ok         |
| Charges Type                                                                        |                |
| Charges                                                                             | 0              |
| Comment                                                                             | Needs cleaning |
|  |                |
| Other:                                                                              | Ok             |

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven Cleaning:       | Ok |

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven door handle:    | Ok |

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven drip pan:       | Ok |

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven knobs:          | Ok |

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven Racks:          | Ok |

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Range burners:       | Ok |

|                      |                   |
|----------------------|-------------------|
| <b>Oven / Range:</b> |                   |
| Range Hood:          | Not Ok            |
| Charges Type         |                   |
| Charges              | 0                 |
| Comment              | Oven is scratched |



|                         |    |
|-------------------------|----|
| 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:             | Not Ok                                 |
| Charges Type       |                                        |
| Charges            | 0                                      |
| Comment            | Outlet cover in master bedroom missing |



|                  |                                                 |
|------------------|-------------------------------------------------|
| Plank Flooring:  | Ok                                              |
| Walls / Outlets: | Not Ok                                          |
| Charges Type     |                                                 |
| Charges          | 0                                               |
| Comment          | Master bedroom wall is cracking and needs paint |



|                   |    |
|-------------------|----|
| 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 |
| 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 |
| 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                                               | Andre Walker |
|  |              |
| Technician                                                                        | Andre Walker |
| Resident not available for signature                                              |              |