



## Make Ready Checklist Inspection

| Inspection Date | Technician      | Property          | Units  |
|-----------------|-----------------|-------------------|--------|
| 10-11-2021      | Maurice Duckson | Towers at Wyncote | 0523-3 |

| 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 |
| Fire Stops:             | Ok |
| Floors:                 | Ok |
| Formica/Tiles:          | Ok |
| Garbage Disposal:       | Ok |
| 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 |
| Wall Outlets:           | Ok |
| Washer/Dryer:           | Ok |
| Window Coverings:       | Ok |

|                  |                                   |
|------------------|-----------------------------------|
| <b>BEDROOMS:</b> |                                   |
| Floors / Carpet: | Not Ok                            |
| Charges Type     |                                   |
| Charges          | 0                                 |
| Comment          | Both bedrooms need to be vacuumed |

|                    |    |
|--------------------|----|
| <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:                                                     | Not Ok                                                  |
| Charges Type                                               |                                                         |
| Charges                                                    | 0                                                       |
| Comment                                                    | Primary bathroom shower stall floor needs to be painted |



|                         |    |
|-------------------------|----|
| 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 |
| 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 |
| 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                                                | Maurice Duckson |
|  |                 |
| Technician                                                                         | Maurice Duckson |
| Resident not available for signature                                               |                 |
| Resident refused Signature                                                         |                 |