

RESIDENTIAL UNIT MAKE-READY REPORT

Property _____ Date _____

Unit _____

Date Vacated _____ Date to be Occupied (if known) _____

Initial Inspection By _____ Date _____

Checklist Before Move-In	Special Instructions
<input type="checkbox"/> Check that all plumbing in unit (toilets, faucets, etc.) works properly. Make sure there are no leaks or drainage problems.	
<input type="checkbox"/> Check all appliances (run dishwasher once on each cycle; check for proper operation of refrigerator, disposal, range). Make sure that all appliances and kitchen cabinets are clean.	
<input type="checkbox"/> Inspect all windows and screens (no breaks in either). Verify that all sliding components work correctly and easily. Clean out tracks of all windows and sliding glass doors. Clean inside of all window panes.	
<input type="checkbox"/> Check painted surfaces for chipping, peeling, discoloration and stains. Determine whether repainting is necessary.	
<input type="checkbox"/> Check all walls for holes, seams, cuts, cracks and nail pops.	
<input type="checkbox"/> Check venetian blinds for proper operation and clean.	
<input type="checkbox"/> Check flooring (all floors cleaned and waxed, parquet block floors or wood strip and asphalt tile included; vacuum carpet).	
<input type="checkbox"/> Clean bathroom(s) (tub, toilet, basins, vanities, mirrors, medicine cabinets, wall and floor tile).	
<input type="checkbox"/> Verify that all towel bars, toilet paper holders and soap dishes are secure and clean.	
<input type="checkbox"/> Check tile in bathroom(s) for crack or flaws.	
<input type="checkbox"/> Make sure that all baseboards, cabinets, shelves, electrical outlet plates and smoke detectors are properly secured and installed.	
<input type="checkbox"/> Verify that thresholds and metal strips are installed properly where needed.	
<input type="checkbox"/> Check that all doors close properly and that there is no rubbing or warping.	
<input type="checkbox"/> Check that all vents and registers are properly installed.	
<input type="checkbox"/> Check heating and air conditioning units to verify that they are working properly. Clean or replace air conditioning filter.	
<input type="checkbox"/> Make sure that all lighting fixtures work properly and have new bulbs.	

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Other

Other

Other

Final Inspection By _____ Date _____

Approved By _____ Date _____