

Community Maintenance Checklist

Property Name: _____ Date: _____

Describe the building's or grounds area's condition by category listed below (e.g., good, needs paint, tread broken, etc.). Preventive maintenance of this building and/or grounds area should be conducted a minimum of every 30 calendar days. Include this checklist in the property community maintenance file. Completed form is to be submitted to the Central Office the third Friday of every month.

Exterior Checklist

| Category | Location | Condition | Action Taken/Required |
|---------------------------------|----------|-----------|-----------------------|
| Sidewalks | _____ | _____ | _____ |
| Stairs and Rails | _____ | _____ | _____ |
| Balconies | _____ | _____ | _____ |
| Exterior Lighting | _____ | _____ | _____ |
| Patio/Fences | _____ | _____ | _____ |
| Dumpster and Corral | _____ | _____ | _____ |
| Entry Doors | _____ | _____ | _____ |
| A/C Pads | _____ | _____ | _____ |
| Mailboxes | _____ | _____ | _____ |
| Downspouts and Splash-blocks | _____ | _____ | _____ |
| Siding | _____ | _____ | _____ |
| Brick Veneer | _____ | _____ | _____ |
| Fascia/Soffit | _____ | _____ | _____ |
| Trees on Buildings | _____ | _____ | _____ |
| Plumbing | _____ | _____ | _____ |
| Clean-Out Caps | _____ | _____ | _____ |
| Windows & Screens | _____ | _____ | _____ |
| Paving | _____ | _____ | _____ |
| Gutters | _____ | _____ | _____ |
| Roof and Vents | _____ | _____ | _____ |
| Breezeway Ceilings | _____ | _____ | _____ |
| Breezeway | _____ | _____ | _____ |
| Overhangs | _____ | _____ | _____ |
| Window Caulking | _____ | _____ | _____ |

Comments: _____

Checklist Completed By: _____ Date: _____