

Apartment Hunting Checklist



APARTMENT COMMUNITY NAME _____

1. Contact Name _____ Phone Number _____
2. Cost for Rent _____ for _____ Bedroom/_____ Bathroom/_____ sq. ft.
 Can be paid via: Internet Check Card Cash Money Order
3. Length of lease: 3 mos 6 mos 12 mos 14 mos
4. Average yearly rent increase _____ 5. Turnover Rate [%] _____

WHAT ARE THE ADDITIONAL FEES?

- | | Y | N |
|---------------------------------|--------------------------|---|
| 6. Security Deposit | <input type="checkbox"/> | <input type="checkbox"/> Amount \$ _____ |
| 7. Up-Front Deposits | <input type="checkbox"/> | <input type="checkbox"/> Amount \$ _____ |
| 8. Refundable Pet Deposit? | <input type="checkbox"/> | <input type="checkbox"/> Breed restrictions _____ |
| | | a. <i>Pet Fee Deposit</i> \$ _____ b. <i>Monthly Pet Fee</i> \$ _____ |
| 9. Parking Fee? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | a. # of spaces _____ b. Amount \$ _____/month |
| 10. Renters Insurance? | <input type="checkbox"/> | <input type="checkbox"/> Amount \$ _____/month |
| 11. Late Fee \$ _____ | | after _____ days from due date |
| 12. Returned Check Fee \$ _____ | | |

ARE UTILITIES INCLUDED?

- | | Y | N |
|---------------------|--------------------------|--|
| 13. Electricity | <input type="checkbox"/> | <input type="checkbox"/> Amount \$ _____/month |
| 14. Internet | <input type="checkbox"/> | <input type="checkbox"/> Amount \$ _____/month |
| 15. Cable | <input type="checkbox"/> | <input type="checkbox"/> Amount \$ _____/month |
| 16. Water | <input type="checkbox"/> | <input type="checkbox"/> Amount \$ _____/month |
| 17. Gas | <input type="checkbox"/> | <input type="checkbox"/> Amount \$ _____/month |
| 18. Garbage Removal | <input type="checkbox"/> | <input type="checkbox"/> Amount \$ _____/month |

HOW MUCH WILL EVERYTHING COST?

First Month's Rent \$ _____ [Add #2, #6, #7, #8a, #9b, #10]
 Avg. Monthly Rent Due \$ _____ [Add #2, #8b, #9b, #10]
 Monthly Utilities \$ _____ [Add #13-18]

ARE APPLIANCES INCLUDED?

- | | Y | N | | Y | N |
|--------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|
| Refrigerator | <input type="checkbox"/> | <input type="checkbox"/> | Dishwasher | <input type="checkbox"/> | <input type="checkbox"/> |
| Stove/Oven | <input type="checkbox"/> | <input type="checkbox"/> | Washer/Dryer | <input type="checkbox"/> | <input type="checkbox"/> |
| Microwave | <input type="checkbox"/> | <input type="checkbox"/> | ↳ Rental \$ _____/month | | |
| | | | Laundry Facility | <input type="checkbox"/> | <input type="checkbox"/> |

IS EVERYTHING UP TO DATE & WORKING?

- | | Y | N |
|--------------------------------------|--------------------------|--------------------------|
| Smoke Detectors | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Extinguishers | <input type="checkbox"/> | <input type="checkbox"/> |
| Sprinklers | <input type="checkbox"/> | <input type="checkbox"/> |
| Garbage Disposal | <input type="checkbox"/> | <input type="checkbox"/> |
| Lights | <input type="checkbox"/> | <input type="checkbox"/> |
| Windows open, close, & lock properly | <input type="checkbox"/> | <input type="checkbox"/> |
| Easy Access Emergency Exits | <input type="checkbox"/> | <input type="checkbox"/> |

WHAT WILL IT BE LIKE TO LIVE HERE?

- | | Y | N |
|----------------------------------|--------------------------|--------------------------|
| Gated community? | <input type="checkbox"/> | <input type="checkbox"/> |
| Well-lit at night? | <input type="checkbox"/> | <input type="checkbox"/> |
| Enough natural light in room[s]? | <input type="checkbox"/> | <input type="checkbox"/> |
| Balcony/Patio? | <input type="checkbox"/> | <input type="checkbox"/> |
| Fireplace? | <input type="checkbox"/> | <input type="checkbox"/> |
| Apartment is inside building? | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevator? | <input type="checkbox"/> | <input type="checkbox"/> |
| Wheelchair accessible? | <input type="checkbox"/> | <input type="checkbox"/> |
| Business Center? | <input type="checkbox"/> | <input type="checkbox"/> |
| Clubhouse? | <input type="checkbox"/> | <input type="checkbox"/> |
| Pool? | <input type="checkbox"/> | <input type="checkbox"/> |
| Gym? | <input type="checkbox"/> | <input type="checkbox"/> |
| Pet-Friendly? | <input type="checkbox"/> | <input type="checkbox"/> |
| Bark Park? | <input type="checkbox"/> | <input type="checkbox"/> |
| Quiet hours _____ to _____ | | |
| Nearby entertainment | <input type="checkbox"/> | <input type="checkbox"/> |
| ISP & Cable service providers | <input type="checkbox"/> | <input type="checkbox"/> |

HOW IS THE SERVICE?

How much notice is given before maintenance enters the premises? _____

Expected maintenance response time? _____

	Y	N
A/C filters changed by maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
Is the office knowledgeable & helpful?	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS

