

APARTMENT WORKSHEET

APARTMENT ADDRESS: _____

Landlord (and Contact Info): _____ phone(____) _____

RENT (per month) \$ _____ **Month-by-month** **Lease** (Length of lease: _____)

SECURITY DEPOSIT \$ _____ Date Available _____

INFO (check all that apply): 1 2 3 Bedroom(s) Dining Room Living Room
 Small Study/Computer Room Closets [To hang suits, clothes] Linen Closet Attic
 Basement [Is it dry? Yes No] Hallway [To take off shoes] Storage Spaces Laundry Chute
 Kitchen: [Hot/Cold H2O OK, Wiring OK for microwave, Counter space [ie. microwave] , Cabinet space, Garbage disposal]
 1 1½ 2 Bathroom(s): [Hot/Cold H2O OK, Toilet OK, Shower, Bathtub [Can I fit in it? Yes No]]

APPLIANCES:

Refrigerator	—	Included	Hookup Available (	Electric	Gas)	No Hookup
Stove	—	Included	Hookup Available (	Electric	Gas)	No Hookup
Washer	—	Included	Hookup Available (	Electric	Gas)	No Hookup
Dryer	—	Included	Hookup Available (	Electric	Gas)	No Hookup
Cable TV	—	Included	Hookup Available			No Hookup

HEATING / COOLING: Is heat included (in rent)? Yes No Air Conditioning? Yes No
 Average heating cost: \$ _____ Highest heating bill (winter): \$ _____
 Furnace/Heater Type (Newer is better) : Efficiency [most efficient] Forced Air Converted Gas [most expensive]
 Where are vents located?: _____ [can I use wall space? Yes No] Low Ceilings [better]: Yes No
 Ceiling Fans Yes No If no Air Conditioning, can I install one in a window? Yes No

UTILITIES: Is electricity included (in rent)? Yes No Water [usually included]? Yes No
 How many 3 prong outlets: _____ location(s): _____
 How many 2 prong outlets: _____ location(s): _____
 How many circuits: _____ Fusebox location: _____ Circuit Breakers Fuses
 Consider outlets/electrical for your needs. For example: TV, VCR, CD Player, Stereo, Computer, Microwave, Clocks, Lamps, etc

TELEPHONE: How many jacks: _____ location(s): _____

FLOORS: Carpet Hardwood Tile Kitchen: Carpet Hardwood Tile/Linolium

WINDOWS: Aluminum/Quick Switch Old style [replace full screen] Window Locks: Yes No

SECURITY: Outside Door: Own Shared Deadbolt Locks: Yes No [Can I put one in? Yes No]
 Functional Smoke Detectors Present: Yes NO [Check these after you move in too!]

PARKING: Garage Lot parking Street Parking # of spaces: _____ Cost: \$ _____

SMOKING / PETS: Can I smoke? Yes No Can I have pets? Yes No