

# 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

\_\_\_\_\_  
 \_\_\_\_\_