

Housing Search Checklist

HOUSING PROFESSIONALS

Landlord Name:	Phone Number:
Viewing Date:	Viewing Time:
Unit Information	
Street Address and Unit Number	TTC Directions:
Major Intersection	Size of Unit:
Tenant Selection Process	
<input type="checkbox"/> Application Required <input type="checkbox"/> Reference Checks <input type="checkbox"/> Credit checks	
Deadline for selection (when can you expect to hear from the landlord):	
Monthly Rent	
Due on Which Day of the Month: <input type="checkbox"/> 1st <input type="checkbox"/> 15th <input type="checkbox"/> Last <input type="checkbox"/> Other:	Utilities Included: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some: If No, estimate monthly cost of utilities:
Last Month's Rent Deposit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lease Details	
Lease Renewal: <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other:	Rental Agreement: <input type="checkbox"/> Verbal <input type="checkbox"/> Written

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Appliances

- | | | |
|---|---|---|
| <input type="checkbox"/> Working stove elements | <input type="checkbox"/> working oven | <input type="checkbox"/> working fridge |
| <input type="checkbox"/> Working freezer | <input type="checkbox"/> washer/dryer in building | <input type="checkbox"/> laundry nearby |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> microwave | <input type="checkbox"/> air conditioning |
| <input type="checkbox"/> Cable TV | <input type="checkbox"/> other: | |
| <input type="checkbox"/> Other: | | |

Further Details

Check the box if you're satisfied with what you discover:

- | | | |
|---|---|---|
| <input type="checkbox"/> Working heat | <input type="checkbox"/> locks on doors | <input type="checkbox"/> closet space |
| <input type="checkbox"/> Tenant controls thermostat | <input type="checkbox"/> locks/bars on windows | <input type="checkbox"/> parking |
| <input type="checkbox"/> Smoke/carbon monoxide detector/fire extinguisher (required by law) | | |
| <input type="checkbox"/> Lighting quality (windows/location of electrical lights) | | <input type="checkbox"/> private entrance |
| <input type="checkbox"/> Entrance or porch lighting for safety | | <input type="checkbox"/> electrical outlets |
| <input type="checkbox"/> Shower/bathtub water-pressure test and toilet flush | | <input type="checkbox"/> close to TTC |
| <input type="checkbox"/> Room size (square footage) | <input type="checkbox"/> insects/rodents | <input type="checkbox"/> overall privacy |
| <input type="checkbox"/> Storage space in building | <input type="checkbox"/> appropriate for baby/child | |
| <input type="checkbox"/> Walls, windows, cupboards, and floors in good repair? | | |

Neighbourhood

- | | |
|---|--|
| <input type="checkbox"/> Groceries/shopping nearby | <input type="checkbox"/> parks nearby |
| <input type="checkbox"/> Friends/family/community supports nearby | <input type="checkbox"/> easy access to work |

Restrictions

- | | | |
|--------------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Non-smoking | <input type="checkbox"/> no pets | <input type="checkbox"/> other: |
| <input type="checkbox"/> Other: | | |

Notes: