











Apartment Scouting Checklist


When searching for a home
It can be difficult to remember
All of the details for each place
Use this worksheet as a guide
And record for every place that
You visit.

-  **Amount of rent per month** _____
-  **Amount of Security Deposit** _____
-  **How long is the lease?** _____
-  **What utilities are included in the rent**

-  **Do you want pets?** ___ Yes ___ No
 - **Are pets allowed?** ___ Yes ___ No ___ N/A
 - ▶ **Pet types allowed** _____
 - **Amount of pet deposits/1 time fees** _____
 - **Amount of monthly pet fee** _____

-  **Are you allowed to sublet?** ___ Yes ___ No
-  **Is there transportation nearby?** ___ Yes ___ No
 - **How many blocks away?** _____

-  **Are there stores nearby?** ___ Yes ___ No
 - **What stores?** _____
 - **How many blocks away** _____

-  **What is included in the unit?**
 - ___ **AC**
 - ▶ **Type** _____
 - ___ **Washer/dryer**
 - ▶ **In unit?** ___ Yes ___ No
 - ___ **Dish Washer**
 - ___ **Garbage Disposal**
 - ___ **Broadband Internet**
 - ▶ **Setup cost?** _____
 - ▶ **Monthly Cost** _____
 - ___ **Parking**
 - ▶ **Cost?** _____
 - ___ **Yard/Garden**
 - ___ **Porch**
 - ___ **Microwave**
 - ___ **Security**
 - ▶ **Type** _____
 - ___ **Elevator**

Total move in \$

Total \$ per month

I would live here
___ Yes ___ No

I rank this apt:
___ of ___

Apartment name _____

Address _____

Contact name _____

Contact number _____

Questions?
Contact Drexel Off Campus Housing
Office of Campus Activities
OffCampusHousing@drexel.edu
Creese GSDC-48F
215-895-1328
www.drexel.edu/oca/offcampushousing



Type of flooring _____



Is water pressure (shower, toilette, faucets) adequate? Yes No



General Maintenance

- **Is the unit painted well?** Yes No
- **Do the windows lock properly?** Yes No
- **Do the faucets work?** Yes No
- **Do the sinks and showers drain properly** Yes No
- **Do the kitchen appliances work properly** Yes No
- **Do the door hinges and locks work properly** Yes No
- **Are the outlets properly installed/maintained?** Yes No



Do you feel safe in the neighborhood

Day Yes No

Night Yes No



NOTES