Housing Checklist Housing Checklist Address: Address: Move-in Date: Move-in Date: **Landlord Name: Landlord Name: Landlord Phone: Landlord Phone: Monetary Concerns** Monthly **Monetary Concerns** One Time Monthly One Time Rent Application Fee **Application Fee** Security Deposit Security Deposit Cleaning Fee Cleaning Fee Parking Parking Visitor/Guest Parking Visitor/Guest Parking Length of Lease Months Length of Lease Months Co-signer Required Co-signer Required **Utilities and Services Utilities and Services** Landlord Tenant Landlord Tenant Heat Heat Water/Sewer Water/Sewer Garbage Garbage Telephone Telephone Internet Internet Cable Cable Snow Removal Snow Removal Lawn Care Lawn Care **Amenities Amenities** Yes No Yes No Appliances **Appliances** Furnished Furnished Laundry (on site) Laundry (on site) Secure Entrance Secure Entrance Pets Pets Storage Storage Smoke Detectors **Smoke Detectors Notes & Comments: Notes & Comments:**

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