

## Housing Checklist

Address: \_\_\_\_\_  
 Move-in Date: \_\_\_\_\_  
 Landlord Name: \_\_\_\_\_  
 Landlord Phone: \_\_\_\_\_

### Monetary Concerns      Monthly      One Time

Rent	\$	\$
Application Fee	\$	\$
Security Deposit	\$	\$
Cleaning Fee	\$	\$
Parking	\$	\$
Visitor/Guest Parking	\$	\$
Length of Lease	Months	
Co-signer Required		

### Utilities and Services

	Landlord	Tenant
Heat		
Water/Sewer		
Garbage		
Telephone		
Internet		
Cable		
Snow Removal		
Lawn Care		

### Amenities

	Yes	No
Appliances		
Furnished		
Laundry (on site)		
Secure Entrance		
Pets		
Storage		
Smoke Detectors		

### Notes & Comments:

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

**University Apartments and  
 Off-campus Student Services**  
 1500 West Wells  
 Suite 109  
 Milwaukee, WI 53233  
 414-288-7281

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