

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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