



APARTMENT INSPECTION CHECKLIST

Address #1:

Address #3:

Address #2:

Address #4:

| Terms & Cost | #1 | #2 | #3 | #4 |
|-----------------------------|-----------|-----------|-----------|-----------|
| Date Available | | | | |
| Length of Lease | | | | |
| Rent/Deposit | | | | |
| Other cost (e.g. parking) | | | | |
| | | | | |
| Quality | | | | |
| Safe area/building | | | | |
| Clean building | | | | |
| Clean unit | | | | |
| Well-maintained | | | | |
| Signs of pests | | | | |
| Noise Level | | | | |
| Appliances – good condition | | | | |
| | | | | |
| Includes | | | | |
| Number of bedrooms | | | | |
| Furnished | | | | |
| Closet space/storage | | | | |
| Enough outlets | | | | |
| Appliances | | | | |
| Laundry | | | | |
| Elevator/accessible | | | | |
| Parking | | | | |
| | | | | |
| Utilities | | | | |
| Type of heat | | | | |
| Cost of heat | | | | |
| Cost of hydro | | | | |
| Cost of water | | | | |
| | | | | |
| Location | | | | |
| Close to public transit | | | | |
| Close to shopping | | | | |
| Close to work/schools | | | | |

Notes: