



Unit Quality/Condition and Amenities Checklist

Required information:

Unit Address: _____ City/State/Zip Code: _____

Number of bedrooms: _____

Number of bathrooms: _____

Sq. Footage: _____

Unit Quality/Condition

Select one:

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Poor | <input type="checkbox"/> Above Average |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Average | |

Amenities Provided by or Paid by the Owner/Landlord

Select all that apply:

Indoor:

- Cable Included
- Ceiling Fans
- Washer
Dryer
- W/D Hookups
Onsite Laundry

Kitchen:

- Stove/Range
- Refrigerator
- Microwave
- Dishwasher
- Garbage Disposal

Outdoor:

- Balcony
- Gated Community
- Pool
- Garage 1 2 3
- Carport 1 2

Maintenance:

- Lawn
- Trash
- Pest Control



Utilities and Appliances								
Item	Specify Type						Paid by	
Heating Fuel	Natural Gas	Bottled Gas	Electric	Heat Pump	Oil	Other	O	T
Cooking Fuel	Natural Gas	Bottled Gas	Electric			Other	O	T
Water Heating	Natural Gas	Bottled Gas	Electric		Oil	Other	O	T
Other Electricity							O	T
Water							O	T
Sewer							O	T
Trash Collection							O	T
Cooling System	Central	Swamp Cooler			Window/Wall		O	T
Heating System	Central				Window/Wall		O	T