

Unit One

Address _____
 Landlord's Name _____
 Contact Info _____

Monthly Rent	
Utilities Included	Yes No
If no, indicate cost per utility:	
<i>Gas</i>	
<i>Hydro</i>	
<i>Water</i>	
<i>Cable TV</i>	
<i>Internet</i>	
<i>Phone</i>	
Location	
Date Available	
Length of Lease	
Nearest Bus Stop	
Transportation Time	
Parking Space	___ Yes ___ No
Smoking	___ Yes ___ No
Covered by the Residential Tenancies Act?	___ Yes ___ No
# of Bedrooms	
Size of Bedrooms	
# of Bathrooms	
Quality of Rental Unit	___ Good Shape ___ Needs Repairs
Smoke detector(s)	___ Yes ___ No
# of Kitchen Appliances	
Patio or Balcony	___ Yes ___ No
Safety of Neighbourhood	
Nearest Grocery Store	
Nearby Amenities (bank, restaurants, bars, shopping, etc)	
Control of heat/air conditioning?	___ Yes ___ No
Heating	___ Gas ___ Electric
Laundry Facilities	___ Coin ___ Cost Included
Current Tenant's Opinion of Landlord	

Unit Two

Address _____
 Landlord's Name _____
 Contact Info _____

Monthly Rent	
Utilities Included	___ Yes ___ No
If no, indicate cost per utility:	
<i>Gas</i>	
<i>Hydro</i>	
<i>Water</i>	
<i>Cable TV</i>	
<i>Internet</i>	
<i>Phone</i>	
Location	
Date Available	
Length of Lease	
Nearest Bus Stop	
Transportation Time	
Parking Space	___ Yes ___ No
Smoking	___ Yes ___ No
Covered by the Residential Tenancies Act?	___ Yes ___ No
# of Bedrooms	
Size of Bedrooms	
# of Bathrooms	
Quality of Rental Unit	___ Good Shape ___ Needs Repairs
Smoke detector(s)	___ Yes ___ No
# of Kitchen Appliances	
Patio or Balcony	___ Yes ___ No
Safety of Neighbourhood	
Nearest Grocery Store	
Nearby Amenities (bank, restaurants, bars, shopping, etc)	
Control of heat/air conditioning?	___ Yes ___ No
Heating	___ Gas ___ Electric
Laundry Facilities	___ Coin ___ Cost Included
Current Tenant's Opinion of Landlord	

Unit Three

Address _____
 Landlord's Name _____
 Contact Info _____

Monthly Rent	
Utilities Included	___ Yes ___ No
If no, indicate cost per utility:	
<i>Gas</i>	
<i>Hydro</i>	
<i>Water</i>	
<i>Cable TV</i>	
<i>Internet</i>	
<i>Phone</i>	
Location	
Date Available	
Length of Lease	
Nearest Bus Stop	
Transportation Time	
Parking Space	___ Yes ___ No
Smoking	___ Yes ___ No
Covered by the Residential Tenancies Act?	___ Yes ___ No
# of Bedrooms	
Size of Bedrooms	
# of Bathrooms	
Quality of Rental Unit	___ Good Shape ___ Needs Repairs
Smoke detector(s)	___ Yes ___ No
# of Kitchen Appliances	
Patio or Balcony	___ Yes ___ No
Safety of Neighbourhood	
Nearest Grocery Store	
Nearby Amenities (bank, restaurants, bars, shopping, etc)	
Control of heat/air conditioning?	___ Yes ___ No
Heating	___ Gas ___ Electric
Laundry Facilities	___ Coin ___ Cost Included
Current Tenant's Opinion of Landlord	

Unit Four

Address _____
 Landlord's Name _____
 Contact Info _____

Monthly Rent	
Utilities Included	___ Yes ___ No
If no, indicate cost per utility:	
<i>Gas</i>	
<i>Hydro</i>	
<i>Water</i>	
<i>Cable TV</i>	
<i>Internet</i>	
<i>Phone</i>	
Location	
Date Available	
Length of Lease	
Nearest Bus Stop	
Transportation Time	
Parking Space	___ Yes ___ No
Smoking	___ Yes ___ No
Covered by the Residential Tenancies Act?	___ Yes ___ No
# of Bedrooms	
Size of Bedrooms	
# of Bathrooms	
Quality of Rental Unit	___ Good Shape ___ Needs Repairs
Smoke detector(s)	___ Yes ___ No
# of Kitchen Appliances	
Patio or Balcony	___ Yes ___ No
Safety of Neighbourhood	
Nearest Grocery Store	
Nearby Amenities (bank, restaurants, bars, shopping, etc)	
Control of heat/air conditioning?	___ Yes ___ No
Heating	___ Gas ___ Electric
Laundry Facilities	___ Coin ___ Cost Included
Current Tenant's Opinion of Landlord	

Unit Five

Address _____
 Landlord's Name _____
 Contact Info _____

Monthly Rent	
Utilities Included	___ Yes ___ No
If no, indicate cost per utility:	
<i>Gas</i>	
<i>Hydro</i>	
<i>Water</i>	
<i>Cable TV</i>	
<i>Internet</i>	
<i>Phone</i>	
Location	
Date Available	
Length of Lease	
Nearest Bus Stop	
Transportation Time	
Parking Space	___ Yes ___ No
Smoking	___ Yes ___ No
Covered by the Residential Tenancies Act?	___ Yes ___ No
# of Bedrooms	
Size of Bedrooms	
# of Bathrooms	
Quality of Rental Unit	___ Good Shape ___ Needs Repairs
Smoke detector(s)	___ Yes ___ No
# of Kitchen Appliances	
Patio or Balcony	___ Yes ___ No
Safety of Neighbourhood	
Nearest Grocery Store	
Nearby Amenities (bank, restaurants, bars, shopping, etc)	
Control of heat/air conditioning?	___ Yes ___ No
Heating	___ Gas ___ Electric
Laundry Facilities	___ Coin ___ Cost Included
Current Tenant's Opinion of Landlord	

Fanshawe Accommodation Comparison Chart

Are you looking for off-campus housing? Use this checklist to keep track of the rental units you have viewed. Once you have finished visiting places, you will have a record of the places you saw and important information on each one. We recommend that you view at least five different accommodations before signing a lease.

To start thinking about the type of accommodation that is best for you, answer the following questions:

Range in rent I can afford (including utilities)
 \$ _____
 Location preference
 ___ Close to Campus ___ Downtown
 Transportation preference
 ___ Bus ___ Walk ___ Car
 Preferred move-in date _____
 Preferred lease length _____
 Number of roommates _____

Off-Campus Housing Service

If you have any questions during your off-campus housing search, such as lease, roommates, property standards or other off-campus housing concerns, please contact Fanshawe's Off-Campus Housing Service:

Phone: 519-452-4260
 E-mail: offcampushousing@fanshawec.ca
 Web site: www.fanshawec.ca/housing