



Mohawk College of Applied Arts & Technology
Off Campus Housing

ACCOMODATION CHECKLIST

General Information:

Landlord Name:	Telephone #:
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Rental Address:	Proximity To Campus:
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Nearby: Grocery Store Laundromat Bank Shopping Recreation Bus Stop

Rental/Utility Payments:

Rent Amount: \$ Per Month Per Week

Move in Date: _____ **Move Out Date:** _____

Lease: Yes No Number of Months: _____ **Subletting:** Permitted Not Permitted

Responsible for Bills	Landlord	Tenant	Estimated Cost per Month
Heating Bill			
Hydro Bill			
Water Bill			
Cable Bill			
Gas Bill			
Internet Bill			
Telephone Bill			

Household Issues

Does the tenant have control over heating/air conditioning?	Yes	No
Does the heating/air conditioning work properly?	Yes	No
If there is no air conditioning, are there screens on the windows?	Yes	No
Are visitors/overnight guests permitted?	Yes	No
Are pets allowed in the house?	Yes	No
Is the landlord responsible for lawn maintenance and snow removal	Yes	No
Is there a laundry facility available?	Yes	No
Where is the fuse box/breaker box located?:		
If there is a porch – Is it maintained free of cracks and defects which can create possible accident hazards?	Yes	No
Is there a handrail for stairs with more than 3 steps?		
Are there any visible leaks from the roof?	Yes	No

Kitchen

Is the stove provided?	Yes	No
Is the fridge provided?	Yes	No
Is there a fire extinguisher?	Yes	No

Is the working surface impervious to grease and water?	Yes	No
How many people use the kitchen? Is it shared at certain times?	Yes	No
Are there any cracks/leaks?	Yes	No
Door has functioning lock?	Yes	No

Bathroom:

Does the toilet flush properly?	Yes	No
Does the shower have pressure?	Yes	No
Is the hot water supply sufficient?	Yes	No
Does the bathroom have a window or fan?	Yes	No
Is there adequate lighting?	Yes	No
Are there any cracks/leaks?	Yes	No
Door has functioning lock?	Yes	No

Bedroom

Are there any signs of leakage such as water stains on ceiling or baseboards?	Yes	No
Floor coverings in good shape?	Yes	No
Are posters/wall hanging allowed?	Yes	No
Do enough working plugs exist?	Yes	No
Is there a painting and decorating policy?	Yes	No

Safety and Security

Are doors locks adequate and working?	Yes	No
Is there a door-scope or window in the door?	Yes	No
Is a doorbell necessary? Working?	Yes	No
Is there adequate lighting in all rooms, exits, entrances and stairways?	Yes	No
Are all the windows intact? Lockable?	Yes	No
Are there smoke detectors and how many? Carbon monoxide detectors?	Yes	No
Is there an escape route?	Yes	No

Ventilation

Are the washrooms ventilated to the outside?	Yes	No
Is the basement/cellar/unheated crawl space adequately ventilated?	Yes	No
Does every habitable room have an opening for natural ventilation from outside?	Yes	No

Additional Notes:
