

## ASSESSING YOUR RENTAL NEEDS WORKSHEET

PARTIES
Your Landlord:
First Name  Last Name  Is the landlord easily accessible?  yes  no  Is there an agent on site?  yes  no  How easy was communication at first?
Other tenants:  First Name Last Name Last Name
First Name  Last Name  Do you know them well? yes no Do you communicate well with each other? yes no
Do they have similar ideas/values/habits as you?  yes  no  Do you trust them?  yes  no
PREMISES  How close do you want to be to: schools? work? downtown?  Grocery stores and other amenities? bus stop? green spaces?  What areas do you prefer? high rise
LENGTH OF TENANCY
How long do you expect to rent for? Are you looking for a fixed-term or a periodic tenancy? Are you comfortable with the required notice of termination for this type of tenancy?
RENT What budget range can you afford? Do you want bills included? yesno Which services are included: heat electricity hot water cleaning meals  Features Wish List: fridge/stove cable high-speed Internet laundry facilities parking backyard pets allowed deck/porch/balcony smoking allowed
RENT What budget range can you afford? Do you want bills included? yesno Which services are included: heat electricity hot water cleaning meals  Features Wish List: fridge/stove cable high-speed Internet laundry facilities parking backyard pets allowed deck/porch/balcony smoking allowed other  SECURITY DEPOSIT Is a security deposit required? yes no If yes, how much is the security deposit? \$

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