

University Auxiliary Housing: Off Campus Living Survey

In an effort to assist Brown students in their search for off-campus housing and to provide general rental information, The Auxiliary Housing Office has prepared this survey form. Your actual responses to this survey will be compiled in the Off-Campus Housing Service, Room 143, Wayland House, and will be available for review to future off-campus residents upon presentation of a valid Brown ID. Your help, by way of completing and returning this survey through the campus mail to University Auxiliary Housing, Box 1902, is truly appreciated.

•Date: _____

•Your Name: _____

•Campus Box #: _____

•Off Campus Address: _____

•Landlords Name / Address: _____

• _____ - # of years off campus

• _____ - Months / Years at current address

• _____ - # of tenants at current location

•If applicable, why did you move? _____

•Previous Address: _____

•How did you locate your apartment? _____

FINANCIAL INFORMATION

• _____ - length of lease

•\$ _____ - Monthly Rent (yourself only)

• _____ - Deposit amount (mark required types)

___Security ___First Mo. ___Last Mo. ___Damage

• Y N - Are Utilities included?

If no what does each cost:

\$ _____ - Gas / Heat

\$ _____ - Electric

• Y N - Is there an Energy Escalation or Property

Tax Clause in your lease?

SUBLEASING

• Y N - Is subletting permitted over the summer?

• Y N - Are you, rather than your landlord, obligated to locate sub-letters?

• Y N - If you have done so, was it difficult to find suitable individuals?

•\$ _____ - What rent did you charge sub-letters?

SERVICES

• Y N - Was your unit furnished

_____ - Total # of Rooms

_____ - Bedrooms

_____ - Bathrooms

_____ - Kitchen

_____ - Living Room

_____ - Other

• Y N - Is there a Laundry Room?

• Y N - If yes, is it coin-operated?

• Y N - Is There parking available?

• Y N - If so, is there an extra charge?

• Y N - Are pets permitted?

• Y N - If so, is there an extra charge?

•What is the nearest Grocery Store? _____

•What is the nearest laundry Facility? _____

•Please rate: Landlord Maintenance (Circle one)

Excellent / Good / Fair / Poor

•Note any unsafe features: _____

SECURITY

•Please rate: Physical Building Security:

Excellent Good Fair Poor

•Please rate: Personal Sense of Safety:

Excellent Good Fair Poor

• Y N - Are there a fair # of students in the area?

• Y N - Did your landlord have the locks re-keyed before you moved in?

• Y N - Does your house have a smoke detector?

• Y N - Does it have a fire extinguisher?

• Y N - Do you have a home security system?

Please Post any **additional comments** related to the above subjects on the back of this sheet.

Also on the back of this sheet, **please comment** on these topics:

1. What information would have been helpful during your initial search for off-campus housing?
2. What advice would you like to pass along to future off-campus residents?
3. In knowing what you know now, would you choose to live off campus again? Explain.
4. Additional advice or comments.