

Checklist for Off-Campus Housing in Feng Chia University

Dear all please note the following:

1. You can check out the house with your friend or inform your friends to ensure your safety.
2. Please open the door when you check out the house just in case.
3. You can meet the landlord in the nearby landmark, and go to the house together.
4. Please leave the name and cellphone number to each other so that you can contact easily.

Checklist			
Date/Time	_____ D/_____ M/_____ Y		
	_____ : _____ A.M. / P.M.		
Name of Landlord	_____ Miss / Ms.	Identity	<input type="checkbox"/> Landlord <input type="checkbox"/> Relatives of Landlord
	_____ Mr.		<input type="checkbox"/> Agent <input type="checkbox"/> Other (_____)
Phone No.	Mobile Phone No. : _____		Tel : _____
Address			
Rental	NT\$ _____ per month	Deposit	NT\$ _____ per month
Other Charges	• Water Bill : <input type="checkbox"/> Utilities Included <input type="checkbox"/> Utilities Not Included Standards : <input type="checkbox"/> NT\$ _____ quota for per month <input type="checkbox"/> Meterd Charges NT\$ _____ per cubic metre		
	• Electricity Bill : <input type="checkbox"/> Utilities Included <input type="checkbox"/> Utilities Not Included Standards : <input type="checkbox"/> NT\$ _____ quota for per month <input type="checkbox"/> Meterd Charges NT\$ _____ (1kWh)		
	• Management Fee / Cleaning Charges : <input type="checkbox"/> Utilities Included <input type="checkbox"/> Utilities Not Included Standards : <input type="checkbox"/> NT\$ _____ per month		
Outside Environment			
■ Does your residence have laundry, snack bar, and convenient store nearby?			<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Is there a bus station or MRT station near your residence?			<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Is there a market, school, night market near your residence?			<input type="checkbox"/> Noise <input type="checkbox"/> Quiet
■ Do you close the gate all the time whenever you come in and out your residence?			<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Does your residence have junk on the aisle?			<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Is there sufficient lighting on the aisle?			<input type="checkbox"/> Yes <input type="checkbox"/> No
■ Memo			

Inside Environment	
Type of Room	___Bedrooms/___Living rooms/___Bath rooms/Kitchen <input type="checkbox"/> Yes <input type="checkbox"/> No
Footage	Total_____ Square Feet Square Feet of Rooms : ___/___/___Square Feet
Window	Total___windows · Direction : <input type="checkbox"/> East <input type="checkbox"/> West
Ventilation	<input type="checkbox"/> Good <input type="checkbox"/> Bad Cooking <input type="checkbox"/> Cooking is allowed in your residence <input type="checkbox"/> No
Equipment	<input type="checkbox"/> Electric Boiler <input type="checkbox"/> Washing Machine <input type="checkbox"/> Dryer <input type="checkbox"/> TV (It has been used for___years.) <input type="checkbox"/> Cable TV <input type="checkbox"/> Drinking Fountain <input type="checkbox"/> Video Recorders/DVD <input type="checkbox"/> Microwave <input type="checkbox"/> Oven <input type="checkbox"/> Wardrobe <input type="checkbox"/> Telephone Wire <input type="checkbox"/> ADSL/ Dial-up Adapter <input type="checkbox"/> Socket (Quantity : ___) <input type="checkbox"/> Refrigerator (It has been used for ___years.) <input type="checkbox"/> Air Conditioner (Quantity: _____ It has been used for _____years.) <input type="checkbox"/> Stove/Hotplate (<input type="checkbox"/> L.P.G/ <input type="checkbox"/> N.G.) <input type="checkbox"/> Couch <input type="checkbox"/> Dinning tables and chairs <input type="checkbox"/> Desk <input type="checkbox"/> Double/Single Bed <input type="checkbox"/> Faucet <input type="checkbox"/> Flush Toilet <input type="checkbox"/> Lighting Equipment
Security	<input type="checkbox"/> Emergency Lighting Equipment <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Window Railing Emergency Exit <input type="checkbox"/> Smoke Alarm <input type="checkbox"/> Escape Sling <input type="checkbox"/> Emergency Exit <input type="checkbox"/> Firebreak Alley <input type="checkbox"/> Does the beam column rift or bend?
Remarks	
You need to confirm the following points with your landlord.	1) The way of paying the rent : <input type="checkbox"/> Transfer Remittance <input type="checkbox"/> Cash <input type="checkbox"/> Other
	2) The rent can credit tax or not : <input type="checkbox"/> Yes <input type="checkbox"/> No
	3) Having animals is allowed in your residence : <input type="checkbox"/> Yes <input type="checkbox"/> No
	4) Smoking is allowed in your residence : <input type="checkbox"/> Yes <input type="checkbox"/> No
	5) Changing or installing door locks is allowed in your residence : <input type="checkbox"/> Yes <input type="checkbox"/> No
	6) Taking friends to stay in your residence is allowed : <input type="checkbox"/> Yes <input type="checkbox"/> No
	7) Driving nails on the wall is allowed : <input type="checkbox"/> Yes <input type="checkbox"/> No
	8) You need to confirm that you have paid management fee or not : <input type="checkbox"/> Yes <input type="checkbox"/> No
	9) You can ask your landlord to give you some documents about regulations for your residence to understand your rights and duties.
Pay the deposit and sign the agreement :	
<ul style="list-style-type: none"> ▪ To avoid any condition, be sure to note the deposit, the name of payee and payer, the number of ID, the deadline of preserving the deposit, payment of violating agreement, etc. ▪ Be sure to check House Title Deed, House Tax Statement, and ID card of landlord when you sign the agreement. ▪ Be sure to check House Title Deed, House Tax Statement, ID card, and Household Certificate when you sign the agreement with relatives of landlord. 	