

OFF-CAMPUS HOUSING ESTIMATE SHEET

Date _____

Name _____ ID # _____

Deposit(s) \$ _____ Cleaning _____ Refundable _____ Non-refundable
\$ _____ Other (explain) _____
_____ Refundable _____ Non-refundable

Rent per month \$ _____

Utilities per month
- Heat \$ _____
- Electricity \$ _____
- Water \$ _____
- Phone \$ _____

TOTAL \$ _____

I, _____, have reviewed
(Landlord's Name (please print))

the above information and confirm that it is a realistic estimate of cost for this rental unit at

_____ (street) (city) (state) (zip)

Comments _____

Landlord's Signature _____ Phone # _____

Monthly Food Cost \$ _____

Monthly Transportation cost \$ _____

TOTAL MONTHLY COST: \$ _____

Please have your intended roommates sign below.

I, _____, have reviewed the
above information, and confirm that this information is correct.

Roommate Signature _____ Date _____

Roommate Signature _____ Date _____

Roommate Signature _____ Date _____