

Apartment Wishes Checklist

Date:		Time:	Leasing Consultant Name:	
Telephone <input type="checkbox"/>		Walk In <input type="checkbox"/>	How soon do you need an apartment?	
Name			Why are you moving?	
How many people will be living in the apartment home?			<u>APARTMENT SIZE:</u> 1 BDRM and/or 2 BDRM	
Do you have a pet?	Yes or No		<u>TOWNHOUSE SIZE:</u> 2BDRM and/or 3 BDRM	
Type of Pet:	ex: cat, dog		<u>HANDICAP ACCESSIBLE APT:</u> Yes or No	
Name of Pet:			<u>BARRIER FREE ACCESSIBLE APT:</u> Yes or No	
Weight of Pet:			Elderly Household (62 yrs or older): Yes or No	
Mailing Address:			How did you hear about us?	
-----			May I have your phone # and permission to call you?	
Where are you living now?			May I have an alternate phone # please? Who?	
Do you have an email address we can use?			Have you inquired anywhere else? Where? What did you think?	
Where are you employed?			What is your income?	
Notes from conversation:				

What apartment(s) was shown?			What apartment leased?	
Date and time apartment was leased?			If not leased, why?	
Date Brochure Sent, if applicable?			Date and time of follow-up phone call? (If permission received)	
Date Thank-you note sent?			Date added to mailing list? (Immediately)	
Dates newsletters sent			Date of follow-up letter?	