
Accessible House or Apartment Checklist*

(from Towards Maximum Independence, San Diego, CA)

Apartment Name: _____ Address: _____

Phone: _____ Manager: _____ Date: _____

1. What type of apartment do you have available?
 Studio 1 Bedroom 2 Bedroom

2. What is the rent? \$_____ Studio \$_____ 1 Bedroom \$_____ 2 Bedroom

	YES	NO
3. Is the apartment on the ground floor?	<input type="checkbox"/>	<input type="checkbox"/>
If no, is there an elevator?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a step at the apartment entrance?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a laundry room?	<input type="checkbox"/>	<input type="checkbox"/>
Are there steps?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are the entrances into the apartment at least _____ inches wide? (Put width needed to accommodate your wheelchair)		
	YES	NO
6. Is there a bathtub with/without (circle one) shower?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a shower stall?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there room in the kitchen for a small dining table?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have off street parking?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the stove next to the kitchen sink or connected by counter space?	<input type="checkbox"/>	<input type="checkbox"/>
Is the stove: ___ electric ___ gas		
Is the refrigerator self-defrost?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have a wheelchair accessible apartment?	<input type="checkbox"/>	<input type="checkbox"/>

IF YES, PLEASE CONTINUE. IF NO, YOU MAY STOP HERE.

**This can be used when looking for accessible apartments or houses.*

	YES	NO
11. Are there disabled parking spaces near the apartment?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are there grab bars around the toilet?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has the kitchen sink been lowered?	<input type="checkbox"/>	<input type="checkbox"/>
Has the kitchen counter space been lowered?	<input type="checkbox"/>	<input type="checkbox"/>
Has the stove top been lowered?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are the hanging rods in the clothes closet lowered?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is there an emergency call system in the bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is there space enough under the kitchen sink for a sitting person to comfortably put his legs?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do doors have ___ round or ___ straight door handles?		
18. Is the carpeting ___ shag, ___ short nap, ___ indoor/outdoor?		
19. Is there a ___ tub or a ___ roll-in (no step) shower?		
20. Is there an incline on the approach to the apartment?	<input type="checkbox"/>	<input type="checkbox"/>