



## RESIDENT QUESTIONNAIRE

Community Name: \_\_\_\_\_

Resident Name (optional): \_\_\_\_\_ Apartment #: \_\_\_\_\_

Length of Residency: \_\_\_\_\_

You are important to your apartment community and we would like you to take a few moments out of your busy day to complete the following questions. Please be assured that the contents of this questionnaire will be kept confidential and only viewed by the executive staff of the corporate office. We have attached a self-addressed envelope with postage already applied for your convenience.

Why did you move into this community:

Best Value	_____
Convenience	_____
School System	_____
Employment	_____
Family	_____
Other	_____

Would you recommend this apartment community to your friends / family? \_\_\_\_\_  
If not, why? \_\_\_\_\_

Would you live in another apartment community managed by your current on-site manager? \_\_\_\_\_  
If not, why \_\_\_\_\_

Is your present manager courteous and available to help you with your needs? \_\_\_\_\_  
If not, please explain \_\_\_\_\_

Is your site manager available during posted office hours? \_\_\_\_\_

Do you feel your apartment community is kept clean and attractive? \_\_\_\_\_ If not, why \_\_\_\_\_

Are you currently having any problems? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Are your problems and complaints handled in a courteous, fair and professional manner? \_\_\_\_\_  
If not, please explain \_\_\_\_\_

*WARNING: Section 1001 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a Federal Agency. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800)795-3272 (voice) or (202) 720-6382 (TDD)."*



Are your maintenance problems being corrected in a reasonable amount of time and with skilled workmanship? \_\_\_\_\_ If not, please explain \_\_\_\_\_

\_\_\_\_\_

With what method do you pay your monthly rent: Cash, money order, check (please circle one)

Does your apartment community have an on site laundry facility? If so, how often do you use this laundry facility? \_\_\_\_\_

Do you have any concerns or complaints that you would like the management company to be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be interested in planned social activities in your apartment community? \_\_\_\_\_  
If yes, what kind of activities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Overall Community Rating:

Please rate the overall standards of your apartment community to include the performance of the site management staff and the overall appearance of the grounds.

- Excellent \_\_\_\_\_
- Above Average \_\_\_\_\_
- Average \_\_\_\_\_
- Below Average \_\_\_\_\_

### THANK YOU FOR SHARING YOUR THOUGHTS AND CONCERNS

**Once again, the information contained within this questionnaire will be kept confidential with the corporate office**

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