

Resident Survey

Optional Information

Date: _____ Name: _____ Apartment # _____ Phone # _____

Please rate all the following from 1-5, with 1 being Strongly Disagree and 5 being Strongly Agree.

Leasing Experience

Leasing agent was friendly and sincere.	1	2	3	4	5
Leasing agent was knowledgeable and helpful.	1	2	3	4	5
Overall leasing experience was positive and enjoyable.	1	2	3	4	5
Comments about your leasing experience:					

Move-in Experience

All questions about your lease were explained and answered.	1	2	3	4	5
Apt. was clean and in good working condition when you moved in.	1	2	3	4	5
Overall move-in experience was positive and enjoyable.	1	2	3	4	5
Comments about your move-in experience:					

Maintenance Service

We hope that you are proud of the condition of your apartment and the apartment community. Do you feel that we were very responsive to your needs for maintenance and other staff assistance?	1	2	3	4	5
Are the common areas of the building (entries, hall carpeting, elevators) clean and well maintained? Are the equipment and other facilities in good repair?	1	2	3	4	5
The maintenance staff are courteous and professional.	1	2	3	4	5
Service requests are taken care of in a satisfactory and prompt manner.	1	2	3	4	5
Are there any unresolved service issues in your apartment? If yes, please explain on the back of the survey.					Y/N
Comments about maintenance in general:					

Office Staff

The attitude of our staff, and how they treat you, is extremely important. Please circle the number that best describes the following (1 = Strongly Disagree and 5 = Strongly Agree):

Courteous, knowledgeable, professional and friendly	1	2	3	4	5
Complaints and other or issues handled satisfactorily and in a prompt manner	1	2	3	4	5
Comments about your experiences with the office staff:					

How is the overall appearance and functionality

Tell us how comfortable you are with your apartment and your feelings about your building and grounds (1 = Lowest Rating, 5 = Highest Rating).

Please indicate your feelings regarding the noise level of your neighbors, ease-of-use and functioning of the entry system, outside lighting levels, and your overall feeling of safety and well-being.

	1	2	3	4	5
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Please rate the following areas/amenities, and circle "n/a" if you do not use the amenity:

Landscaping	1	2	3	4	5	
Laundry	1	2	3	4	5	n/a
Swimming pool	1	2	3	4	5	n/a
Fitness center	1	2	3	4	5	n/a
Tennis court	1	2	3	4	5	n/a

Other

Based upon your apartment living experience, how likely are you to recommend us to a friend, relative, or associate who is seeking an apartment?

	1	2	3	4	5
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There are "extras" we provide that many of our residents enjoy. Have you had an opportunity to participate at resident parties or other community activities?

					Y/N
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If Yes, please evaluate the "extras".

	1	2	3	4	5
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Please write any ideas or suggestions that would enhance your apartment living experience on the back of this survey.

IREMFIRST Disclaimer Statement

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