

Apartment Move-In Feedback Questionnaire

Thank you for choosing our community. Please take a few minutes to fill out this questionnaire regarding your move-in experience. Since this form is for print, please write your responses clearly in the spaces provided.

1. Resident & Apartment Information

Resident Full Name:

Apartment Number: Move-In Date:

Phone Number: Email Address:

2. Leasing Office and Move-In Process

How would you rate the helpfulness of the leasing staff? (Write: Excellent / Good / Fair / Poor)

Staff Rating:

Was your apartment ready for move-in at the agreed-upon time? (Write: Yes / No)

Ready on Time:

How easy was the key pickup and check-in process? (Write: Easy / Average / Difficult)

Check-In Process:

3. Apartment Condition Upon Arrival

Please rate the overall cleanliness of your apartment upon arrival. (Write: Clean / Needs Work / Dirty)

Cleanliness:

Were all appliances clean and working properly? (Write: Yes / No)

Appliances Functional:

If any appliances require maintenance, please list them below:

Maintenance Needed:

Did you notice any pre-existing damage to the walls, floors, or fixtures? Please describe:

Damage Notes:

4. Overall Feedback

What is the single most important thing we could have done to improve your move-in experience?

Improvement Suggestion:

Do you have any other comments, suggestions, or words of appreciation?

Comments:

Thank you for your valuable feedback! Please return this completed form to the leasing office.