

FORM 7-9 Resident Exit Interview (Confidential)

[company logo, name, and address]

Property	Resident (optional)
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Number Living in Apt.	Length of Occupancy	Apt. No. (optional)
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We are sorry you are leaving. Whenever residents move we welcome their comments, criticisms, and suggestions to help us offer the best possible management service. Please indicate your opinion by checking the appropriate columns—rate items from 1 (poor) to 5 (excellent), with 3 being average; Check N if you have no basis for judgment or an item is not applicable. We would appreciate your answering the survey below and returning it in the envelope provided. Space has been provided for additional items and comments.

Item	1	2	3	4	5	N	Comments
GENERAL APPEARANCE							
Apartment							
Property entrance							
Signs							
Landscaping							
Driveways							
Parking							
Building exterior							
Walks							
Recreational facilities							
APARTMENT							
Entrance							
Halls/Stairs							
Floor plan							
Living room							
Dining room							
Kitchen							
Appliances							
Cabinets							
Bedroom(s)							
Bathroom(s)							
Doors							

(continued)

Item	1	2	3	4	s	N	Comments
Floors							
Walls							
Windows							
Closets							
Ceilings							
Light fixtures							
Electrical outlets							
Heating							
Air conditioning							
Hot water							

Have you found the staff to be knowledgeable, courteous, and cooperative?
 Please explain.

Have you been satisfied with the handling of your requests for service? Yes No
 Was the quality of the work, response time, and start courtesy satisfactory? Yes No
 Please explain.

What are your principal reasons for moving?

<input type="checkbox"/> Purchasing a house	<input type="checkbox"/> Rent increase
<input type="checkbox"/> Renting a house	<input type="checkbox"/> Moving out of area
<input type="checkbox"/> Moving to larger apartment	<input type="checkbox"/> Moving to property with better facilities/amenities, please specify: _____
<input type="checkbox"/> Moving to smaller apartment	_____
<input type="checkbox"/> Dissatisfied with management	
<input type="checkbox"/> Other, please specify:	

Is there anything that we could have done that would have increased the likelihood that you would have continued your residency here?

Would you recommend this apartment community to others? Yes No
 Please explain.

Other Comments or Suggestions

New Address (optional)

New Telephone No. (optional)

Thank you for your cooperation in completing this survey.
We value your opinions as we continually explore
ways to improve our service.

	By	Date
Reviewed	_____	_____
Reviewed	_____	_____