



Tenant Move-Out Feedback Form

Tenant Information:
• Name:
• Property Address:
• Move-In Date:
• Move-Out Date:

1. Overall Experience:
• How would you rate your overall experience living at our property?
○ <input type="checkbox"/> Excellent
○ <input type="checkbox"/> Good
○ <input type="checkbox"/> Fair
○ <input type="checkbox"/> Poor

2. Maintenance and Repairs:
• How satisfied were you with the maintenance and repair services provided?
○ <input type="checkbox"/> Very Satisfied
○ <input type="checkbox"/> Satisfied
○ <input type="checkbox"/> Neutral
○ <input type="checkbox"/> Dissatisfied
○ <input type="checkbox"/> Very Dissatisfied



3. Communication:

- How would you rate the communication with property management?

☐ ☐ Excellent

☐ ☐ Good

☐ ☐ Fair

☐ ☐ Poor

4. Move-Out Process:

- How smooth was the move-out process?

☐ ☐ Very Smooth

☐ ☐ Smooth

☐ ☐ Neutral

☐ ☐ Difficult

☐ ☐ Very Difficult

5. Condition of Property:

- Was the property in good condition when you moved in?

☐ ☐ Yes

☐ ☐ No

- If no, please specify the issues:

**6. Rent and Payments:**

- How would you rate the ease of making rent payments?

○ ☐ Excellent

○ ☐ Good

○ ☐ Fair

○ ☐ Poor

7. Additional Comments:

- Please provide any additional feedback or suggestions to help us improve:

8. Forwarding Address:

- Please provide your forwarding address for the return of the security deposit:

Signature:

Tenant Signature: _____

Date: _____

Thank you for your feedback! We appreciate your time and hope to improve our services based on your input.