

Tenant Satisfaction Feedback Form

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

1. Overall Satisfaction:			
• How satisfied are you with your living experience at our property?			
0	Very Satisfied		
0	Satisfied		
0	Neutral		
0	Dissatisfied		
0	Very Dissatisfied		

2. Maintenance and Repairs:			
• How would you rate the timeliness and quality of maintenance and repair services?			
0	Excellent		
0	Good		
0	Fair		
0	Poor		



3. Communication:			
• How effective is the communication with property management?			
0	Excellent		
0	Good		
0	Fair		
0	Poor		

4. Amenities:		
How satisfied are you with the amenities provided?		
0	Very Satisfied	
0	Satisfied	
0	Neutral	
0	Dissatisfied	
0	Very Dissatisfied	

5. Cleanliness:		
• How would you rate the cleanliness and upkeep of common areas?		
0	Excellent	
0	Good	
0	Fair	
0	Poor	
0	Not Applicable	



6. Safety and Security:			
• How secure do you feel in your home and the surrounding property?			
0	Very Secure		
0	Secure		
0	Neutral		
0	Insecure		
0	Very Insecure		

7. Rent and Payments:		
• How easy is it to make rent payments?		
0	Very Easy	
0	Easy	
0	Neutral	
0	Difficult	
0	Very Difficult	



8.	Suggestions	and	C	omments:
	D1	•	1	1 1

gestions and Comments: Please provide any additional feedback or suggestions to help us improve: •

Signature:

Tenant Signature:

Date: _____

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