



RESIDENT MOVE-IN SURVEY

Thank you for choosing Fort Leavenworth Frontier Heritage Communities. We strive to make your move-in as easy and comfortable as possible. Please complete this survey and return it to Inspector during your MOVE-IN Inspection. We hope you enjoy your new home.

Name (Optional): _____ Date _____

Address at Fort Leavenworth (Optional): _____ Inspection Date: _____ Time: _____

It is your responsibility to keep this appointment. If you do not, You will be charged for any damages or deficiencies in your home when you depart. To reschedule your appointment call 913-682-6300.

Resident signature _____

Instructions: Check the score that best describes your perception, opinion or feeling corresponding to one of the Rating Criteria listed to the right.

Rating and Evaluation Criteria	
5	Very Satisfied or Strongly Agree
4	Somewhat Satisfied or Agree
3	Neither Satisfied nor Unsatisfied Neither Agree nor Disagree
2	Somewhat Dissatisfied or Disagree
1	Very Dissatisfied or Strongly Disagree
0	Not Applicable

Please rate each aspect of your APPLICATION PROCESS:		5	4	3	2	1	0
a	Ease of use accessing our web page to submit your application online						
b	Ease of finding the information you were looking for on our web page						
c	Acknowledgment that your application was received						
d	Timeliness of being contacted by a member of our staff						
e	Overall usefulness of web page						
f	Helpfulness of staff in providing you with information						
g	Promptness of staff in answering questions						
h	Overall satisfaction with the application process						
Please rate your MOVE-IN with regard to the following:		5	4	3	2	1	0
a	Courtesy and professionalism of office staff during lease signing						
b	Accessibility to keys, lease, etc., when you arrived to move in						
c	Ability of staff to provide clear, concise direction regarding your lease						
d	Ability of staff to offer clear, concise responses to your move-in questions						
e	Overall satisfaction with your move-in experience						
Please rate the RESIDENCE in regard to:		5	4	3	2	1	0
a	Cleanliness and overall condition of home when you moved in						
b	Working condition of appliances						
c	Responsiveness of maintenance to requests for repairs since you moved in						
d	I would recommend to my friends that they live on post						
e	Overall satisfaction with your new home						

Do you have suggestions for improving your move-in process? Describe: _____

Would you like someone from Fort Leavenworth Frontier Heritage Communities to contact you to discuss your ideas or concerns more fully? _____ (Y) _____ (N). If so, please provide a daytime phone number: _____