



**Maxwell Family Housing**

400 East Maxwell Blvd  
Maxwell AFB, AL 36112

P 334-262-1630 F 334-262-1026  
www.maxwellfamilyhousing.com

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

Dear \_\_\_\_\_ Family,

Please find the enclosed survey regarding your lease signing experience. Your valued opinion will be used to help us improve the lease signing process for incoming service members. Once you have completed the survey, please drop it off at our welcome center or mail it in using the provided paid postage (you will need to fold and seal your survey). All returned surveys will be entered in a drawing for a chance to win a Visa Gift Card valued at \$25.

Please complete and return your survey within 30 days of your lease signing (move in) in order to be eligible for the gift card drawing.

If you have any additional comments or concerns, please do not hesitate to contact our office. Thank you for making our community your home and your cooperation in this matter.

Sincerely,

Maxwell Family Housing Staff



## Leasing/Move In Survey

**Resident:** \_\_\_\_\_ **Unit:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Move In:** \_\_\_\_\_ **Leasing Agent:** \_\_\_\_\_

Please rate the following on a scale of one to five (**One** being **Poor**, **five** being **Excellent**).

How would you rate the following:	1	2	3	4	5
Your lease signing experience					
Were all of your questions answered to your satisfaction by the leasing agent?					
Ease of contacting up until lease signing?					
Clarity of communication with you.					
Willingness to respond to your needs.					
Professionalism and friendliness of the leasing agent.					
Overall customer service experience.					
Condition of unit assigned to you?					

What do you like **best** about housing? \_\_\_\_\_

What do you like **least** about housing? \_\_\_\_\_

Have you turned in your housing condition checklist? Yes  No   
*\*\*Remember this is due within two weeks of your move in.\*\**

Did you submit any work orders during the first 14 days of occupancy? Yes  No

*If you have any issues that need immediate attention, please call our 24 hour emergency work order request line (334) 262-1630*

Has any of your contact information changed? Yes  No

Home Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to be added to our mailing list? Yes  No

**How did you learn about Maxwell Family Housing?** \_\_\_\_\_

**Would you recommend our community to others?** Yes  No