**Management and Occupancy Review - Resident Questionnaire**

**<<< HMO INSERT PROPERTY NAME >>>**

**<<< Building Number/Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit Number \_\_\_\_\_\_\_\_\_\_>>>**

WHEDA is conducting a management review of your property on <<< HMO INSERT DATE >>>. The following is a general list of physical items inspected on a review. In order to avoid an in-unit inspection, please circle Yes or No in response to each question. Then sign, date, and return to your Management Agent by <<< INSERT DATE >>>.

**Bathroom(s)**

* Does the toilet flush properly or is it loose or clogged? Yes / No
* Does the bathroom door close and can it be locked? Yes / No
* Do the sink basins or tub drain? Yes / No
* Are any faucet handles loose? Yes / No
* Are there any water leaks? Yes / No

**Kitchen**

* Any of the refrigerator shelves or brackets missing or broken? Yes / No
* Is the seal around the refrigerator doors intact? Yes / No
* Do all of the stove burners work? Yes / No
* Does the light and fan above the stove, if equipped, work? Yes / No
* Does the sink basin drain? Are there any water leaks? Yes / No
* Is the faucet handle loose? Yes / No

**General**

* Do all doors close properly? Yes / No
* Do exterior and entrance doors lock? Yes / No
* Do doors have any holes or loose hinges? Yes / No
* Are there any holes in the walls? Yes / No
* Do your smoke alarms and CO2 detectors function properly? Yes / No
* Are there any electrical issues? Yes / No

Use the back of this form to include additional detail for items above in need of repair or not working property.

**Resident Name Completing Form:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_