



Tenant Satisfaction Survey

Allen Court

Your feedback helps us improve the quality, comfort, and safety of our building. This survey should take about 5 minutes. All responses are confidential.

1. About You (Optional)

Apartment number: _____

How long have you lived here?

- Less than 6 months
- 6–12 months
- 1–3 years
- More than 3 years

2. Building & Apartment Condition

Please rate the following from 1 (Very Poor) to 5 (Excellent):

- Cleanliness of common areas 1 2 3 4 5
- Condition of your apartment 1 2 3 4 5
- Quality of repairs and maintenance 1 2 3 4 5
- Heating, water, and electricity reliability 1 2 3 4 5
- Waste management (bins, recycling, etc.) 1 2 3 4 5

3. Building Facilities

Please rate the following from 1 (Very Poor) to 5 (Excellent):

- Lifts 1 2 3 4 5
- Parking areas 1 2 3 4 5
- Outdoor spaces 1 2 3 4 5

4. Management & Communication

Please rate the following from 1 (Very Poor) to 5 (Excellent):

Responsiveness of Principle Estate Management 1 2 3 4 5

Professionalism of staff 1 2 3 4 5

Ease of reporting issues 1 2 3 4 5

Communication about building updates 1 2 3 4 5

5. Safety & Security

Please rate the following from 1 (Very Poor) to 5 (Excellent):

I feel safe in my home 1 2 3 4 5

Feeling of safety in the building 1 2 3 4 5

Security measures (locks, lighting, etc.) are adequate 1 2 3 4 5

Lighting in hallways and outdoor areas 1 2 3 4 5

Security systems (CCTV, locks, etc.) 1 2 3 4 5

Fire safety 1 2 3 4 5

I feel safe in the neighborhood 1 2 3 4 5

6. Rent & Value

Please rate the following from 1 (Very Poor) to 5 (Excellent):

My rent is fair for the property's condition and location 1 2 3 4 5

Utility costs are reasonable 1 2 3 4 5

I feel the property offers good value overall 1 2 3 4 5

7. Community & Overall Satisfaction

Please rate the following from 1 (Very Poor) to 5 (Excellent):

Noise levels 1 2 3 4 5

Neighbor relations 1 2 3 4 5

Overall satisfaction with living here 1 2 3 4 5

Likelihood of renewing your tenancy 1 2 3 4 5

Would you recommend living here to a friend or family member? Yes No

8. Open Feedback

What do you like most about living here?

What could be improved?

Any specific issues or suggestions?

9. Contact (Optional)

If you'd like us to follow up, please leave your contact details:

Name: _____

Email / Phone: _____