



PRE-REHAB QUESTIONNAIRE

Tenant Name _____

Tenant Phone Number _____

Address _____ Apt Number _____

To help us with the Renovation process, please check off and list any problems you may be having in your apartment.

Type of problem:

Plumbing Electrical Doors Floors Windows Leaks

Other _____

Location of problem:

Kitchen Living Room Bedroom Bathroom HVAC

Other _____

Description/Comments:
