

**Housing Quality Standards (HQS) Inspections Survey**  
**To be completed after visit**

1. Did the inspector identify him or herself?

Yes  No

Comments: \_\_\_\_\_

2. Was the inspector courteous, knowledgeable and effectively answer questions?

Yes  No

Comments: \_\_\_\_\_

3. Did the inspector arrive within the scheduled time?

Yes  No

Comments: \_\_\_\_\_

4. How would you rate your overall experience with the HHA Leased Housing Department?

Very Satisfied     Satisfied     Unsatisfied     Very unsatisfied

5. I am a property owner/Manager  I am a HHA Leased Housing Participant

Comments: \_\_\_\_\_

Name (Optional) \_\_\_\_\_

**Please mail all surveys to : Holyoke Housing Authority**  
**475 Maple Street Suite 1**  
**Holyoke, MA 01040 Attn: Human Resource**

**Survey forms can also be found at [www.holyokehousing.org](http://www.holyokehousing.org)**