

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