



Sample Initial Move-In Tenant Questionnaire

Note: This is a sample of a questionnaire that can be used to document the contents of the unit and the information covered during the walk through of the unit at the time of move-in.

Name of Tenant: _____

Address: _____

Unit to Be Occupied: _____

Number of Bedrooms: _____

Number of Occupants:

_____ adults

_____ children (note ages)

Furniture Needs: _____

Living Room:

_____ couch

_____ living room chairs (2)

_____ end tables (2)

_____ coffee table

_____ bookcase

_____ lamps (2)

Dining Room:

_____ table

_____ chairs (# _____)

Kitchen:

_____ dishes (place settings for # _____ people)

_____ silverware (place settings for # _____ people)

_____ one large pot and lid

_____ set of drinking glasses (# _____)

_____ three smaller soup and saucepans and lids

_____ set of baking dishes

_____ set of six storage containers

_____ cooking utensils

_____ set of general kitchen utensils

_____ water/juice pitchers (2)

_____ kitchen garbage can and lid

Note: This document is included within the *Housing Operations* section of CSH's *Toolkit for Developing and Operating Supportive Housing*, which is available at www.csh.org/toolkit2. This document has been adapted from CSH's publication *Family Matters: A Guide to Developing Family Supportive Housing*, which is available at www.csh.org/publications.

Bedroom One:

- _____ bed (full-size)
- _____ dresser
- _____ end table
- _____ lamps
- _____ chair
- _____ small trash can

Bedroom Two:

- _____ beds (tied to occupancy)
- _____ end table per bed
- _____ lamps
- _____ chair
- _____ dressers for each bed
- _____ small trash can

Bedroom Three:

- _____ beds (tied to occupancy)
- _____ end table per bed
- _____ lamps
- _____ chair
- _____ dressers for each bed
- _____ small trash can

Bedroom Four:

- _____ beds (tied to occupancy)
- _____ end table per bed
- _____ lamps
- _____ chair
- _____ dressers for each bed
- _____ small trash can

Bathroom:

- _____ shower curtain and rod
- _____ hand soap
- _____ shampoo
- _____ toothpaste and brushes (# _____ people)
- _____ small trash can

Household Supplies:

- _____ extension cord (1)
- _____ starter kit of kitchen supplies:
 - dish cloths
 - dish towels
 - dish scrubber
 - box trash bags
 - dish detergent (hand and machine)
 - bucket

- mop
- dust mop
- broom and dustpan
- all purpose cleaning agent
- recycling kit
- _____ window coverings for unit, including hardware
- _____ childproof electrical socket covers
- _____ pantry starter-kit:
 - flour
 - salt
 - pepper
 - cooking oil
 - beans/lentils
 - pasta
 - tomato sauces
 - pancake mix
 - pancake syrup
 - peanut butter
 - jelly
 - condiments
 - spices

Experience with Residential Equipment:

- _____ has used and is familiar with garbage disposal systems
- _____ knows how to clean and defrost refrigerator/freezer
- _____ knows how to clean stove burners, oven and broiler pan
- _____ knows how to clean bathroom fixtures (if special)
- _____ knows where the water turn-off valve is and how to turn it off
- _____ knows how to operate washer and dryer in laundry room
- _____ knows how to adjust thermostat (if accessible)
- _____ is familiar with and agrees to the policies associated with the security system
- _____ is familiar with and agrees to the policies associated with the smoke detector
- _____ understands and knows how to use the GFI outlet, if triggered

Experience/Knowledge of Energy Conservation/Recycling Issues:

- _____ understands and agrees to implement project recycling standards
- _____ agrees to contact maintenance if heating is not adequately controlled; agrees not to open windows to offset heat
- _____ understands and agrees to water-saving standards

Note: CSH's *Toolkit for Developing and Operating Supportive Housing* includes additional relevant tools under *Tenant Screening, Selection and Move-In* within the *Housing Operations* section of the *Toolkit*, at www.csh.org/toolkit2operations.