



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. Return to a PACT Partner employee at 905 Eagle Ave construction office or via email to PACTPartners@unionaveconsolidated.com.

Type of problem:

Plumbing Electrical Doors Floors Windows Leaks
 Other _____

Location of problem:

Kitchen Living Room Bedroom Bathroom Radiator
 Other _____

Description/Comments:
