

SNOW BELT HOUSING COMPANY, INC.

7500 SOUTH STATE STREET
LOWVILLE, NY 13367



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FAX: (315) 376- 2518
NYS RELAY SERVICE NO. TTD (800) 662-1220



HOMEOWNER EVALUATION FORM 2022

The purpose of this survey is to gain a better understanding of your experience with our agency. Your feedback is important to us and will allow us to continue improving the quality of our service for future homeowners.

HOMEOWNER NAME: _____ TOWN: _____

CONTRACTOR: _____ PROJECT YEAR: _____

- Please check program you participated in:*
- First Time Home-buyer (Direct Homeownership Assistance Program) Owner Occupied Rehabilitation
- Mobile Home Replacement Program Tenant Occupied Rehabilitation

QUESTIONS RELATED TO SNOW BELT

	STRONGLY AGREE			STRONGLY DISAGREE	
Staff were prepared for meetings and acted professional.	5	4	3	2	1
The paperwork was easy to understand.	5	4	3	2	1
Staff addressed and resolved problems quickly.	5	4	3	2	1
I am satisfied with how my project turned out.	5	4	3	2	1
I would recommend Snow Belt to friends and family.	5	4	3	2	1

QUESTIONS RELATED TO YOUR CONTRACTOR

	STRONGLY AGREE			STRONGLY DISAGREE	
The contractor was at my house when they said they would be.	5	4	3	2	1
The work was done in a professional manner.	5	4	3	2	1
It was easy to communicate with my contractor.	5	4	3	2	1
I was informed of any changes needed throughout the project.	5	4	3	2	1
The project was completed in a reasonable time.	5	4	3	2	1
I would hire this contractor in the future.	5	4	3	2	1

HOW HAS THIS PROGRAM HELPED YOU IMPROVE YOUR LIVING SITUATION?

MORE ROOM ON BACK...

TO RETURN THE SURVEY PLEASE
MAIL: 7500 S. STATE STREET, LOWVILLE, NY 13367
FAX: 315-376-2518
EMAIL: information@snowbelt.org

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law.

