

HSR HOUSE VISIT REPORT

THIS REPORT IS TO BE GIVEN AT MONTHLY HOUSING SERVICES COMMITTEE (HSR) MEETING

1 – Very Poor	2 – Poor	3 – Okay	4 – Good	5 – Excellent			
HOUSE NAME:		PHONE #:					
PRESIDENT:		SECRETAR'					
TREASURER: COORDINATOR:		COMPTRO	LLEK:				
COORDINATOR:		HSC REP:					
OVERAL APPEARANCE OF THE HOUSE: IS IT CLEAN, DUSTED, GENERALLY WELL TAKEN CARE OF? (ASK FOR A I		RATI	NG CO	MMENTS			
Beginning Balance	Total Receive	ed Tota	l Spent I	t Ending Balance			
AMOUNT OF RENT PAID TO LANDLORD PER MONTH: ESTIMATED AMOUNT OF UTILITIES EACH MONTH:							
LITHRIATED ANDORT OF OTHER LACTIVIDITY.							
Residents Name	Amount Paid	Ending Balance	<u>Current/Former</u>	<u>Contract</u>			
AMOUNT OF EES PAID BY HOUSE MEMBERS WEEKLY: MEMBERS BEHIND IN EQUAL EXPENSE SHARE (EES):							
TOTAL AMOUNT OWED TO HOUSE AT THIS TIME:							

NARCAN PRESENT: YES / I	NO NARCAN TR	RAINED: YES / NO	NARCAN DATE:				
VACANCY SITE: YES / I	NO EMAIL CH	IECKED: YES / NO	VOICEMAIL CHECKED:	YES / NO			
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COMMENTS: WHAT CAN BE IMPROVED ON AT THIS HOUSE & WHAT CAN BE TAKEN AWAY TO YOUR HOUSE							
DATE OF 1 ST VISIT:		DATE OF FOLLO	W UP VISIT(S):				
HSR NAME:		HSR SIGNATURE	::				
TOAL SCORE:	, 45						