

New Home Owner Survey

Q1a) **Name** _____ **Tenant Ref:** _____

Q1b) **Address** _____ **Unit Code** _____

Q1c) **Daytime telephone** _____
Evening telephone _____
Mobile _____

Q1d) **Email Address** _____

Q2 **Are you:**
 Male Female..... Do not wish to answer.....

Q3 **How did you find out about TVH?**
 Local Authority (LA) Registered Social Landlords (RSL)
 Internet Other.....
 Please specify other _____

Q4 **How long did it take for you to be able to view a TVH property?**
 1 week More than 3 weeks
 2 weeks.....

Q5 **Did you receive good information from TVH about the buying process?**
 Yes..... No.....
 If 'No' please specify why _____

Q6 **What could have made this process better?**

Q7 **Did you receive good information about your property/area prior to buying?**
 Yes..... No.....
 If 'No' please specify why _____

Q8 **Were there any delays in moving into your property?**
 Yes..... No..... Go to Q10

Q9 **If there were delays, were you kept informed and given an explanation?**
 Yes..... No.....

Q10 **Were TVH staff helpful and knowledgeable throughout the buying process?**
 Yes..... No.....

Q11 When you moved into the property you should have received information about your property and TVH services. Please rate on a scale of 1-10 (1 = Very Poor and 10 = Excellent) on each of the following categories on usefulness of the information.

	10	9	8	7	6	5	4	3	2	1
Welcome Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TVH Handbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about the property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about the defects period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12 Having now moved in to your property, do you find TVH staff helpful and knowledgeable?

Yes..... No.....

If 'No' please specify why

Q13a) TVH gave you a list of Solicitors and Independent Financial Advisers during the buying process, did you use any of these professional?

Yes..... No..... Go to Q14

If Yes, please write the names of the professionals used

Q13b) How would you rate their services on a scale of 1-10?(1 = Very Poor and 10 = Excellent)

	10	9	8	7	6	5	4	3	2	1
Financial Advisers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solicitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14 Would you recommend TVH to a friend?

Yes..... No.....

If 'No' please specify why

Q15 Please rate on a scale of 1-10 (1 = Very Poor and 10 = Excellent) the overall satisfaction with the following:

	10	9	8	7	6	5	4	3	2	1
Services provided by TVH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sales Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would be grateful if you could complete this section to help us check that we are being fair in the way we treat people from all backgrounds.

Q16 I would describe my ethnic origin as: (please tick one box)

- | | |
|--|---|
| WHITE: BRITISH..... <input type="checkbox"/> | ASIAN/ASIAN BRITISH: BANGLADESH..... <input type="checkbox"/> |
| WHITE: IRISH..... <input type="checkbox"/> | ASIAN/ASIAN BRITISH: OTHER..... <input type="checkbox"/> |
| WHITE: OTHER..... <input type="checkbox"/> | BLACK /BLACK BRITISH: CARIBBEAN..... <input type="checkbox"/> |
| MIXED: WHITE & BLACK CARIBBEAN..... <input type="checkbox"/> | BLACK /BLACK BRITISH: AFRICAN..... <input type="checkbox"/> |
| MIXED: WHITE & BLACK AFRICAN..... <input type="checkbox"/> | BLACK /BLACK BRITISH: OTHER..... <input type="checkbox"/> |
| MIXED: WHITE & ASIAN..... <input type="checkbox"/> | CHINESE/OTHER: CHINESE..... <input type="checkbox"/> |
| MIXED: OTHER..... <input type="checkbox"/> | CHINESE/OTHER: OTHER..... <input type="checkbox"/> |
| ASIAN/ASIAN BRITISH: INDIAN..... <input type="checkbox"/> | DON'T KNOW..... <input type="checkbox"/> |
| ASIAN/ASIAN BRITISH: PAKISTANI..... <input type="checkbox"/> | DO NOT WISH TO ANSWER..... <input type="checkbox"/> |

Thank you for completing this survey.