

REQUEST & AUTHORIZATION FOR MAINTENANCE

Yardi Voyager Work Order # _____

Resident Name: _____ Unit #: _____ Property Name: _____
 Phone Number: _____ Any Pets or Service Animals in the Unit? _____ Yes _____ No _____ If Yes, How Many? _____
 Description of Work Needed: _____

I, the undersigned hereby acknowledge that I request the maintenance described above to be done in my apartment. My signature below shall be my consent and authorization for the maintenance staff, or if necessary, a contractor to enter my apartment (as selected below) to do the work as described above.

any time, during reasonable hours. Should more than one visit be necessary, I also give my consent.
 by appointment as I request to be present. Should more than one visit be necessary, I consent to schedule a follow up inspection when needed with management.

Resident Signature: _____ Date: _____

FOR MAINTENANCE USE ONLY

Tenant Present Tenant NOT Present, Entry Notice Left in Unit (copy of entry notice attached)

Work Performed: _____

Completed Date Completed: _____ Start Time: _____ AM PM Finish Time: _____ AM PM

If applicable, Request Management Assistance or Follow Up: _____

Maintenance Signature: _____ Date: _____

Unable to Complete because: _____

Supplies Needed:
 (provide list of supplies in box to right) _____

Vendor Required
 (Name & Scheduled Date in box to right) _____

Resident Missed Appt.
 (List new appointment date, if applicable) _____

Work Performed: _____

Completed Date Completed: _____ Start Time: _____ AM PM Finish Time: _____ AM PM

Maintenance Signature: _____ Date: _____

FOR MANAGEMENT USE ONLY

Manager's Approval

Date Entered into Yardi

PO # (if applicable)

Follow Up Date
 (must be within 1 week of completion date)



Catholic Housing Communities

Sponsored by Catholic Charities Spokane

RESIDENT GRIEVANCE FORM

Resident Name: _____ Resident Phone: _____

Name of Person Completing Form (if different from Resident): _____

Please provide a detailed description of your grievance, concern or complaint:

Due to resident confidentiality, staff is not at liberty to discuss any actions taken as a result of this grievance.

Resident Signature

Date

Staff Signature

Date _____

FOR OFFICIAL USE ONLY

| FOR OFFICIAL USE ONLY | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Personal Complaint | | <input type="checkbox"/> Hazardous/Unsafe Condition | | <input type="checkbox"/> Lease/Policy Violation |
| Date: | | Time: | | Action Taken: _____ _____ _____ _____ |
| Date: | | Time: | | Action Taken: _____ _____ _____ _____ |
| Date: | | Time: | | Action Taken: _____ _____ _____ _____ |

CLOSED & FILED

Resolution / Outcome

10

1000

Staff Initials