

**OXFORD HOUSE RATING FORM FOR HOUSING SERVICES COMMITTEE HOUSE VISITS**

THIS REPORT TO BE GIVEN AT MONTHLY CHAPTER MEETING

**1 - Excellent      2 - Good      3 - Satisfactory      4 - Fair      5 - Unsatisfactory**

NAME OF HOUSE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME OF OFFICERS:

PRESIDENT: \_\_\_\_\_ SECRETARY \_\_\_\_\_

TREASURY: \_\_\_\_\_ COMPTROLLER: \_\_\_\_\_

COORDINATOR: \_\_\_\_\_

OVERALL APPEARANCE OF THE HOME: \_\_\_\_\_

**USE SCALE 1-5**

*IS HOUSE CLEAN, DUSTED, GENERALLY WELL TAKEN CARE OF.*

HOUSE MEMBERS RENT STATUS: \_\_\_\_\_

MEMBERS PAID A WEEK AHEAD OR CURRENT: \_\_\_\_\_

MEMBERS BEHIND IN EQUAL SHARE OF EXPENSE (EES): \_\_\_\_\_

TOTAL AMOUNT OWED HOUSE AT THIS TIME: \_\_\_\_\_

AMOUNT OF RENT PAID TO LANDLORD PER MONTH: \_\_\_\_\_

AMOUNT OF EES PAID BY HOUSE MEMBERS WEEKLY: \_\_\_\_\_

ESTIMATED AMOUNT OF UTILITIES EACH MONTH: \_\_\_\_\_

HOUSE BUSINESS MEETING:

**USE SCALE 1-5**

1. READING OF TRADITIONS AT HOUSE MEETING:

2. PRESENTATION OF TREASURERS REPORT:

3. PRESENTATION OF COMPTROLLERS REPORT:

4. PRESENTATION OF COORDINATORS REPORT:

5. PRESENTATION OF SECRETARY'S REPORT:

6. MAINTAINS GUIDELINES OF TRADITIONS:

7. HANDLING OF HOUSE BUSINESS/ISSUES:

8. HOUSE MEMBERS ATTENDANCE:


DATE OF 1ST VISIT: \_\_\_\_\_

DATE OF FOLLOW UP VISIT(S): \_\_\_\_\_

SIGNATURE OF HOUSE SERVICES REPRESENTATIVE: \_\_\_\_\_

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ADDITIONAL COMMENTS:

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