

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: _____

