

# Monthly Marketing Report

## OREGON HOUSING AND COMMUNITY SERVICES Monthly Marketing Report/Vacancy Questionnaire

Project: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Prepared by (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

### OCCUPANCY

Total Units: \_\_\_\_\_ Units Occupied: \_\_\_\_\_ % Occupancy: \_\_\_\_\_

Employee Occupied Units: \_\_\_\_\_

### MOVE-IN/MOVE-OUT ANALYSIS

Number of Move-ins: \_\_\_\_\_ Number of Move-outs: \_\_\_\_\_

Loss/Gain of (circle one): \_\_\_\_\_

PROVIDE HOUSEHOLD NAMES AND CHECK MOVE-IN/MOVE-OUT REASONS BELOW:

MOVE-IN (NAME & UNIT #)	MOVE-IN REASONS							MOVE-OUT (NAME & UNIT #)	MOVE-OUT REASONS							
	From Home	From Far (Miles)	Closer to Family	Safety and Security	*Services	Companionship	Location		**Other	How Long at Facility?	Failing Health/Nursing Home	Closer to Family	Dissatisfied/Services*	Rent Too High	Deceased	**Other

\*List "Services" \_\_\_\_\_

\*\*List "Other" Reasons: \_\_\_\_\_

Does the facility have a waiting list? Y/N (circle)

If "Yes", List reasons applicants are delaying move-in: \_\_\_\_\_  
\_\_\_\_\_

**DEPOSITS (pending move-in)**

Number Taken This Month: \_\_\_\_\_ Number Canceled: \_\_\_\_\_ Total

Deposits: \_\_\_\_\_

<u>Name of Depositor</u>	<u>Expected Move-in Date</u>
1. _____ _____	
2. _____ _____	
3. _____ _____	

(Add additional if more than 3)

**RESPONSE TO ADVERTISING/MARKETING**

NUMBER OF RESPONSES RECEIVED BASED ON THE FOLLOWING MARKETING AREAS:

	Walk-in	Phone-In	Mail-In	Total
Newspaper				
Senior Center				
Word of Mouth				
Direct Mail				
Radio				
Television				
Yellow Pages				
Other Directory				
Magazine				
Unknown				
Other*				

\*List Other" \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

What do you consider your service area? \_\_\_\_\_

Do you do outreach to areas beyond your service area? Y/N (Circle one)

If "Yes", list additional market areas/resources used: \_\_\_\_\_  
\_\_\_\_\_

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## MARKETING ACTIVITY

### New Inquiries:

Phone In: \_\_\_\_\_ Mail-In: \_\_\_\_\_ Walk-In: \_\_\_\_\_ Total: \_\_\_\_\_

Number of Tours Conducted: \_\_\_\_\_ Number of Prospects Toured: \_\_\_\_\_

If available, list reasons given by touring prospects as drawbacks to their moving into the facility:

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### Staff Contacts/Follow up:

Phone Calls: \_\_\_\_\_ Visits to Prospects: \_\_\_\_\_ Letters/Literature Mailed: \_\_\_\_\_

## SIGNIFICANT MARKETING EVENTS

Open House: \_\_\_\_\_ Number Attended: \_\_\_\_\_ Parties: \_\_\_\_\_ Number Attended: \_\_\_\_\_

Luncheons: \_\_\_\_\_ Numbers Attended: \_\_\_\_\_ Other: \_\_\_\_\_

## GENERAL COMMENTS/QUESTIONS

1. To what factors do you attribute your inability to fill your current vacancies? Please be candid and specific.

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2. How long (days) does it usually take to fill a unit once it's ready to rent? \_\_\_\_\_

3. Do you feel that the vacancies at your facility are so high because you are limiting new move-ins to market rate residents in order to meet all the expense of the complex? (N/A for CongregateHousing)

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4. Is the high vacancy rate negatively impacting your ability to meet your basic financial requirements? \_\_\_\_\_

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5. Other: \_\_\_\_\_

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