

ROOMMATE AGREEMENT

The purpose of a roommate agreement is to help roommates initiate the process of getting to know each other and help establish lines of communication on topics that are important for successful roommate relationships.

Roommate Names:

Building and Room Number:

Date:

BREAKING THE ICE QUESTIONS							
1.	Have you ever shared a room before? If so, what was it like for you?						
2.	My hobbies and interests are						
3.	What is your major? What do you hope to do with it?						
4.	My ethnic, racial, and national origin are						
5.	The things I value are						
6.	My faith/spiritual life involves						
7.	My lifestyle choices include (i.e. vegetarianism, alcohol abstinence, etc.)						
	COMMUNIC	ATION QUESTIONS					
1.	Where and how will messages be left if someone stops by?						
2.	How late is it okay for friends and family to call?						
3.	How will we communicate when something is bothering one of us?						
4.	Are you comfortable discussing personal differences? If not, how would you like to be approached if someone has a question for you? (<i>i.e. cultural, religious, lifestyle</i> <i>differences</i>)						
5.	What pet peeves do you have?						

6.	What expenses do (Trash bags, clean paper, etc.)												
VISITOR/ROOM USE QUESTIONS													
1.	What will we do if t one of us is studyin		want to	visit whe	en								
2.	How will we get en the room without o												
3.	How will we confro room?												
4.	Will you keep the d the building but av				are in								
5.	If one of you is awa visitor use your bea		ie week	end, ma	ya								
				SLEEP/	STUD	TIME	QUEST	IONS					
1.	Are you a morning When do you typice How will we work t patterns are differ	?											
2.	What type of enviro concentrate on you (Music or no music	ely?											
3.	If one person is sle acceptable in the r	re											
		CL	EANL	INESS 8	t CLIM	ATE C	ONTRO	LQUES	STION	S			
1.	ls neatness important?												
2.	Is the room configuration comfortable for you?												
3.	Who will clean what and when?												
4.	How often will we take out the trash?												
5.	How do you prefer the room?	e in											
6.	What are you allergic to (i.e. dust)?												
SHARING BELONGINGS													
RO	OMMATE NAMES												
	Stereo/iPod	YES	NO	ASK	YES	NO	ASK	YES	NO	ASK	YES	NO	ASK
	TV/Video Games	YES	NO	ASK	YES	NO	ASK	YES	NO	ASK	YES	NO	ASK
	Furniture YES NO ASK YES												

| Appliances
(Fridge/Microwave) | YES | NO | ASK |
|----------------------------------|-----|----|-----|-----|----|-----|-----|----|-----|-----|----|-----|
| Clothing | YES | NO | ASK |
| Food | YES | NO | ASK |
| Computer | YES | NO | ASK |
| Cell Phone | YES | NO | ASK |
| Personal Care Items | YES | NO | ASK |
| Other Items: | YES | NO | ASK |

SIGNATURES

By signing, I agree to the standards list above. Violation of this agreement will result in conduct documentation and a conduct meeting.

Roommate Signature	ate Signature Date Roommate Signatur			
Roommate Signature	Date	Roommate Signature	Date	