Housing Partnership Program

Roommate Matching Questionnaire

Please answer the following questions honestly

Name:_____
First Last Preferred/Nickname Gender

Telephone:_____E-mail:_____

Age/Birth date:_____

Employer_____ I prefer to live with: _____Same Sex Only _____Opposite Sex is OK

Requested Roommate:_____ Will you have a vehicle?_____YES_____NO

1. Rate how you prefer your shared living area: **Neat & Clean 1 2 3 4 5 Messy & Disorganized**

2. How do you typically clean:_____Clean right away_____Clean before I go to bed _____I wait a few days

3. Do you consider yourself: **Shy 1 2 3 4 5 Outgoing**

4. I will probably be at my apartment: **A majority of the time, I may be gone most weekends, I will hardly be home**

5. Describe your alcohol use: **Never, A few times a month, 1-2 times week, 3-5 days week, 6-7 days week**

6. Do you mind if your roommates drink? **Prefer no alcohol, 1-3 times week, Weekends ok, Any time ok**

7. Do you smoke?_____YES_____NO Do you mind if your roommates smoke? _____YES_____NO

8. How often do you plan to have guests in the apartment?_____

9. How often may your roommates have guests in the apartment?_____

10. Do you play a musical instrument for a hobby?_____My favorite sport or team is _____

11. Do you have any animals?_____ Do you mind a roommate with animals? _____

12. If I cause a problem I prefer it's communicated to me: In a note, Talk to me directly, Other_____

13. When do you start your day? (Circle the time that applies)

7 am or earlier 8-9 am 10-11 am Noon or later

15. When do you typically go to bed? (Circle the time that applies)

9 pm 10pm 11pm Midnight 1 am or later

16. How would others describe you? (Circle all that apply) Funny Athlete Artist Easy Going Fashionable Outdoorsy Alternative Serious Military Other Comments_____

_____

Circle your top 3-5 concerns about your future roommates:

Obnoxious Behavior Not picking up after themselves Parties/Friends Over too Much Partner over all the time Loud Music/TV Messy Living Eating my food Being loud when I study/sleep Friendliness Respect for my Privacy Be respectful of roommates Drug Use Prefer someone with strong faith Open-minded/Not prejudice Close to my age Prefer quiet roommates Likes to cook No live-in guests Chores are Shared Bad Personal Hygiene Using my things without asking Nudity/skimpy clothes

By signing below, I allow _____(insert agency) to share this information with anyone seeking a roommate.

Signature Date

_____

Disclaimer: Staff will make every attempt to match roommates with similar interests and living habits, we cannot guarantee compatible roommate assignments.