

## ROOMMATE PREFERENCES CHECKLIST

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Personal Characteristics / Habits

**Please check all that apply to you.**

- |                                                                                     |                                                    |                                             |
|-------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------|
| 1. <input type="checkbox"/> I consider myself a day person                          | _____ I consider myself a night person             | _____ I consider myself neither             |
| 2. <input type="checkbox"/> I consider myself outgoing                              | _____ I consider myself shy                        | _____ I consider myself neither             |
| 3. <input type="checkbox"/> I leave town 0-1 weekends per month                     | _____ I leave town 2-3 weekends per month          | _____ I leave town every weekend            |
| 4. <input type="checkbox"/> I go out 0-1 nights per week                            | _____ I go out 2-3 nights per week                 | _____ I go out 3+ nights per week           |
| 5. <input type="checkbox"/> I have friends over 0-1 nights/week                     | _____ I have friends over 2-3 nights/week          | _____ I have friends over 3+ nights/week    |
| 6. <input type="checkbox"/> I like loud music                                       | _____ I like quiet music                           | _____ I prefer no music playing             |
| 7. <input type="checkbox"/> I am a heavy sleeper                                    | _____ I am a light sleeper                         | _____ I am neither                          |
| 8. <input type="checkbox"/> I go to sleep before 10pm (weeknights)                  | _____ I go to sleep between 10pm-12am (weeknights) | _____ I go to sleep after 12am (weeknights) |
| 9. <input type="checkbox"/> I prefer a warm room                                    | _____ I prefer a cool room                         | _____ I have no preference                  |
| 10. <input type="checkbox"/> I have pet(s) that will live with me in the apartment* | _____ I don't mind living with pet(s)              | _____ I will not live with pet(s)           |

*\*If yes, please list type of pet(s) and how many:* \_\_\_\_\_

- |                                             |                          |                                      |
|---------------------------------------------|--------------------------|--------------------------------------|
| 11. <input type="checkbox"/> I am a drinker | _____ I am a non-drinker | _____ I will not room with a drinker |
| 12. <input type="checkbox"/> I am a smoker* | _____ I am a non-smoker  | _____ I will not room with a smoker  |

*\*All apartments and community living spaces are non-smoking. However, this question is important because of the personal or health issues that some people have living with a person who smokes.*

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|------------------------------------------------------------------------------|----------------------------------|------------------------------|
| 13. <input type="checkbox"/> I prefer to live w/ someone of the same gender* | _____ I do not have a preference | _____ I prefer not to answer |
|------------------------------------------------------------------------------|----------------------------------|------------------------------|

*\*If yes, please list gender:* \_\_\_\_\_

### Room Characteristics

14. How important is it that your apartment is kept clean/orderly?  
 Very important    1       2       3       4       5       Not important at all
15. How important is it for your apartment to be silent while you're studying?  
 Very important    1       2       3       4       5       Not important at all
16. How important is it for your apartment to be silent while you're sleeping?  
 Very important    1       2       3       4       5       Not important at all

### Privacy / Personal Boundaries

17. How comfortable are you with your roommate's significant other or friends sleeping over?  
 Very comfortable    1       2       3       4       5       Very uncomfortable
18. How comfortable are you with sharing belongings (kitchen supplies, food, clothes, etc.)?  
 Very comfortable    1       2       3       4       5       Very uncomfortable

## ROOMMATE MATCH ASSESSMENT

### **Other Comments**

19. What extra-curricular activities are you involved in (Greek life, sports, organizations, etc.)?

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20. What other things should your roommate know about you?

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21. Please list any other comments or concerns.

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