

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:**
- | | | | | |
|----------------------------------|---------------------------|------------------------|--------------------------------|-----------------------|
| 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.