

THE ROOMMATE AGREEMENT

PLEASE TAKE SOME TIME TO TALK THIS OUT WITH YOUR ROOMMATE(S) & NOTE YOUR ANSWERS HERE

COMMUNITY/PERSONAL PROPERTY

Use this section to clearly state what you are willing to share with your roommate and under what conditions. Your answers don't have to match but make sure that you discuss those situations where answers differ.

Use the following abbreviations to answer this portion of the roommate agreement

Please answer "Y" or "N" to indicate if you are willing to allow your roommate(s) and their guest(s) to use the following items of yours:

Y = Yes

N = No

| NAME/Guest: | 1 /GUEST | 2 /GUEST | 3 /GUEST | 4 /GUEST |
|------------------|----------|----------|----------|----------|
| STEREO/CDS | | | | |
| TV/DVD PLAYER | | | | |
| DVDS/MOVIES | | | | |
| CLOTHES | | | | |
| TOILETRIES | | | | |
| COMPUTER/PRINTER | | | | |
| APPLIANCES | | | | |
| BED/CHAIR | | | | |
| MONEY | | | | |
| FOOD | | | | |
| OTHER | | | | |

Please initial after your written response to the following:

- If you agreed above to allow your roommate to use them, how will consumables (e.g. food, paper, etc.) be replaced?

- Who shall be held financially responsible if items are broken or lost?

VISITATION

How do each of you want to handle having guests in your room?

| NAME(S) : | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| VISITORS IN ROOM (YES, NO - OR NOTIFY ME FIRST) | | | | |
| VISITORS OVERNIGHT (YES, NO - OR NOTIFY ME FIRST) | | | | |
| VISITOR'S GENDER (MALE, FEMALE - EITHER) | | | | |

SECURITY

WE AGREE TO SHUT/LOCK THE ROOM DOOR WHENEVER WE LEAVE

1 2 3 4

(please initial)

- If the door were to be left open and any of our possessions were taken, who would be responsible for replacing the stolen property?

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CARE OF THE ROOM

Please initial in YOUR column for the tasks that you agree you will be responsible for.

| | WHEN/FREQUENCY | 1 | 2 | 3 | 4 |
|-------------------------------------|----------------|---|---|---|---|
| EMPTY TRASH/RECYCLE : | | | | | |
| VACUUM CARPETS: | | | | | |
| PICK UP THE ROOM: | | | | | |
| CLEAN KITCHEN : (IF APPLICABLE) | | | | | |
| CLEAN BATHROOM : (IF APPLICABLE) | | | | | |

If we disagree on the amount of cleanliness/tidiness each can tolerate, we will resolve our problems in the following manner: _____

USE OF THE ROOM

| NAME(S) : | 1 | 2 | 3 | 4 |
|--------------------------|---|---|---|---|
| I expect to go to bed by | | | | |
| I expect to get up by | | | | |
| I usually take naps at | | | | |

We agree that study time is between _____ and _____ on weekdays.

We agree that study time is between _____ and _____ on weekends.

During study time, we agree that we will (ex: not watch tv, go outside to talk on our cell phones, etc) : _____

We, as roommates, enter into this agreement in good faith. We fully intend to abide by all the agreements that we have made. We also agree to be flexible and to revise this agreement as it becomes necessary. All roommates are encouraged to sign/date below.

DATE

1

2

3

4

PLEASE GIVE THIS COMPLETED AGREEMENT TO YOUR RA - *thanks!*