When filling out this form, be respectful, open, honest, and direct. Compromise and flexibility are the cornerstones of a good roommate experience. After discussing the following information with your RA, please give a copy to them and keep a copy for the room.

Roommates Names Printed
_____________________________________________________________________________________
_____________________________________________________________________________________
______________________________
Building ______________ Room Number_________ Resident Assistant________

Cleaning Standards/Miscellaneous:

1. Our space will be kept (circle one): Spotless Clean Moderately clean Lived in

2. We will clean common areas (bathroom, living room, kitchen, etc.) (circle one): Daily Monthly Weekly As needed

3. Cleaning means (Circle all that apply):
   - Vacuuming
   - Sweeping
   - Mopping
   - Wiping down counters/sinks
   - Cleaning the shower
   - Cleaning the toilet
   Other:

4. How long can dirty dishes be left in the sink? (Circle one)
   Never 1 to 2 days 3 to 4 days 1 week Other

5. The trash will be taken out (circle one): Weekly As needed By who?

6. Our room/apt. temperature will be set at: ________________By who?

7. Messages will be left where/within? (On the computer screen, door, 24 hours, etc.)

8. Our main door should be (circle one):
   - Unlocked when one of us is in the room
   - Locked at all times
   Other:

Kitchen/Bathroom/Common Space:

1. We will share our food (Circle one): Yes No

2. How will food be arranged in the kitchen? (Circle one):
   - Shared by cabinets/drawers/fridge
   - Not shared by cabinets/drawers/fridge
   Other:

3. We can share dishes/cookware (Circle One): Yes No

4. Necessities such as toilet paper, dish detergent, etc. will be purchased how?

5. When using the shower, we will (Circle all that apply):
   - Ask if anyone needs to use the shower first
   - Set a schedule
   Other

6. We can leaving the following items in the bathroom (Circle all that apply):
   - Shampoo
   - Razors
   - Personal items
   - Clothes
   - Towels
   - Soaps
   Other:

Studying/Sleeping:

1. We have agreed that the study time in the space will be (circle one):
   - In the morning (9 AM-noon)
   - In the afternoon (noon- 5 PM)
   - In the evening (5 PM- 10 PM)
   - In the late evening (10 PM- midnight)
   - In the late night (Midnight-9 AM)

2. When one of us is studying in the space, we are okay with (circle one):
   - Complete quiet
   - Low music/headphones
   - Television

3. When studying with others in our space, the other roommate(s) agrees to:

4. We agree that when talking on the phone we will (not be too loud, leave the room, etc.):

5. When a roommate is sleeping, it is okay to (circle all that apply):
   - Listen to music without headphones
   - Have lights on
   - Watch television
   - Have guests over
   Other:
Visitors: Guests of the same sex are permitted to spend 12 nights (No more than 3 consecutive) with the permission of all occupants of the room. There is a 20 day maximum for all guests. They are not to be left unattended or to be in possession of a key. Visitation of the opposite sex is until 1:00 a.m. Sunday - Thursday and 3:00 a.m. Friday and Saturday.

1. Arrangements of guests should be made _________________ days in advance.
2. If we want to have overnight visitation of the same sex, we will (Circle one): Ask permission

Let each other know
Other:

3. Guests may sleep (circle all that apply): On the floor Other:

On the couch
Other:

4. Friends can visit (circle all that apply): Any time Not when a roommate is asleep

Not when a roommate is studying Other:

5. Guests are not allowed to :

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

6. If privacy is needed, we will notify each other by :

________________________________________________________________________________________

________________________________________________________________________________________

7. Guests will leave by: ______________________________________________

Sharing/Going out of town/Conflict: (Please circle all that apply)

1. If leaving for the weekend, we will: Notify each other Not notify each other

2. If we hear gossip, negative talk about a roommate, we will: Talk to that person Inform roommate Consult RA

3. Preferred means of communication with roommate(s) if there is a conflict:

Face to face conversation Notes, emails, voice mails Mediation with UNF Housing Staff member

4. If a conflict arises, our plan of action will be:

________________________________________________________________________________________

________________________________________________________________________________________

Alcohol/Drug Paraphernalia: Residents that are 21 and above that live in Osprey Village or Osprey Fountains are allowed to have alcohol under the regulations stated in the Resident Handbook. Please review the policies.

1. Is alcohol allowed in our room: Yes No Other:

2. If alcohol is allowed, when is it acceptable:

________________________________________________________________________________________

________________________________________________________________________________________

3. If a roommate comes in the room/apt. and is intoxicated/or using drugs, I/we will

________________________________________________________________________________________

________________________________________________________________________________________

Additional Comments/Feedbacks:

________________________________________________________________________________________

________________________________________________________________________________________

Our R.A. lives in __________ The R.A.’s phone number is __________________________

I understand that I may be held responsible for the agreed upon terms above. I will do my absolute best to communicate and compromise with my roommate(s) to make our time together a positive experience.

Date: ___________________________ Resident Assistant Signature: __________________________

Roommate Signatures:

1. ___________________________ 2. ___________________________

3. ___________________________ 4. ___________________________

5. ___________________________ 6. ___________________________