Roommate Agreement

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 (circle one): Daily Monthly Weekly As needed:__________________________
3. The trash will be taken out (circle one): Weekly As needed By whom? __________________
4. Our room/apt. temperature will be set at: __________________By whom? __________________
5. Dishes can be in the sink for (hours/days): _________________________________
6. In the room, we will (circle all that apply): Share food/drinks Share pots/pans Clean up after ourselves Other:______________________________________________________
7. Necessities such as toilet paper, dish detergent, etc. will be purchased how?

8. Messages will be left where/within? (On the computer screen, door, 24 hours, etc.) ______________________________
9. Our main door should be (circle one): Unlocked when one of us is in the room Locked at all times 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-3 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): Watch television Listen to music without headphones Have lights on 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 guests. They are not to be left unattended or to be in possession of your 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: *Let each other know*  
   Ask permission Other:  
3. Guests may sleep (circle all that apply): On the floor Not on my bed  
   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. It is okay for us to share: Television Stereo Phone Toiletries Clothes  
   Game systems Dishes Other:  
3. If we hear gossip, negative talk about a roommate, we will: Talk to that person  
   Inform roommate Consult RA  
4. Preferred means of communication with roommate(s) if there is a conflict:  
   Face to face conversation Notes, emails, voicemails Mediation with UNF Housing Staff member  
5. If a conflict arises, our plan of action will be:  
   ____________________________________________________  
   ____________________________________________________

**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. ___________________________________________