

Roommate Agreement Form

Off-Campus Student Services

This document is designed to provide its users the opportunity to establish some guidelines related to the details of their living arrangements.

Address of Residence: _____

Term of Lease: _____ to _____

Name	Rent per Month	Security Deposit	Bedroom to be Occupied

The following services have been arranged and paid for as follows:

Item	Account in name of	Amount of deposit	Deposit paid by	How bill is shared	Name of roommates responsible for payment
Gas					
Water					
Electricity					
Garbage					
Cable TV					
Phone					
Internet					



Property & Personal Belongings

1. It is OK for roommate(s) and/or guests to use/share:

TV/DVD/Video games	<input type="checkbox"/>	Ask first	<input type="checkbox"/>	Always	<input type="checkbox"/>	Never	<input type="checkbox"/>	N/A
Other Electronics	<input type="checkbox"/>	Ask first	<input type="checkbox"/>	Always	<input type="checkbox"/>	Never	<input type="checkbox"/>	N/A
Clothes	<input type="checkbox"/>	Ask first	<input type="checkbox"/>	Always	<input type="checkbox"/>	Never	<input type="checkbox"/>	N/A
Food	<input type="checkbox"/>	Ask first	<input type="checkbox"/>	Always	<input type="checkbox"/>	Never	<input type="checkbox"/>	N/A
Furniture	<input type="checkbox"/>	Ask first	<input type="checkbox"/>	Always	<input type="checkbox"/>	Never	<input type="checkbox"/>	N/A
Toiletries	<input type="checkbox"/>	Ask first	<input type="checkbox"/>	Always	<input type="checkbox"/>	Never	<input type="checkbox"/>	N/A
Appliances	<input type="checkbox"/>	Ask first	<input type="checkbox"/>	Always	<input type="checkbox"/>	Never	<input type="checkbox"/>	N/A
Bed	<input type="checkbox"/>	Ask first	<input type="checkbox"/>	Always	<input type="checkbox"/>	Never	<input type="checkbox"/>	N/A
Computer	<input type="checkbox"/>	Ask first	<input type="checkbox"/>	Always	<input type="checkbox"/>	Never	<input type="checkbox"/>	N/A
Books, school supplies	<input type="checkbox"/>	Ask first	<input type="checkbox"/>	Always	<input type="checkbox"/>	Never	<input type="checkbox"/>	N/A
Cleaning Supplies	<input type="checkbox"/>	Ask first	<input type="checkbox"/>	Always	<input type="checkbox"/>	Never	<input type="checkbox"/>	N/A
Other _____	<input type="checkbox"/>	Ask first	<input type="checkbox"/>	Always	<input type="checkbox"/>	Never	<input type="checkbox"/>	N/A

General expectations about sharing belongings:

2. How will we handle damage occurring to others' belongings? How quickly will this take place?

Lifestyle Expectations

3. Study times in our residence are:

Day	Begin time	End time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

4. During study times:

Music is	<input type="checkbox"/>	On	<input type="checkbox"/>	Off
The television is	<input type="checkbox"/>	On	<input type="checkbox"/>	Off
If TV is on, volume is	<input type="checkbox"/>	Low	<input type="checkbox"/>	Muted

Other expectations during study times:

5. Sleep times in our residence are:

Day	Begin time	End time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

6. During sleep times:

Music is On Off
The television is On Off
If TV is on, volume is Low Muted

Other expectations during sleep times:

7. Smoking in the residence is allowed is not allowed
8. Pets in the residence are allowed are not allowed

Residence Guests _____

9. Guests are allowed in the residence:

During study times Overnight
 During sleep times

General expectations about guests:

10. How much notice should be given before **non-overnight guests** arrive?

11. How much notice should be given before **overnight guests** arrive?

Overnight guests may stay a total of _____ consecutive nights.

12. If we want guests to leave, we will let each other know by...

Residence Cleanliness _____

13. Cleaning Schedule:

- One roommate will clean the entire residence according to a rotating schedule
- All roommates will collaborate in cleaning according to a schedule
- Each roommate will always be responsible for a different room/task in the residence
- Other _____

14. Our plan for cleaning our residence is (i.e., **who** cleans, how often, and what should be cleaned)...
Examples: Roommate clean the bathroom individually every 2 weeks according to a rotating schedule.

15. During non-cleaning times, our expectations for cleanliness/neatness in...
...the kitchen are:

...the livingroom are:

...the diningroom are:

...the bathroom are:

...other room _____:

Communication _____

16. Messages for each other will be posted or communicated...

17. How will we approach each other and communicate with one another if we have a concern, including but not limited to violations of this roommate agreement? How quickly should this take place?

18. What steps do we prefer to take in order to address conflicts that arise?

This is an agreement between the roommates and does not affect the landlord's or tenants' rights and liabilities under the lease. By signing below, we state that we are all satisfied with the contents of this Roommate Agreement and agree to abide by the statements made in the above sections. Any of these statements may be changed by written mutual consent.

Roommate 1 Signature & Date

Roommate 4 Signature & Date

Roommate 2 Signature & Date

Roommate 5 Signature & Date

Roommate 3 Signature & Date