

ROOMMATE AGREEMENT

Please return this to your RA

We highly recommend that you sit down with your roommate(s) to discuss this within two days of moving into your residence hall. The questions on this form will prove very helpful in generating discussion about the details of living together. If any disagreements should arise, you will be able to consult your roommate agreement form and make modifications if necessary to solve and avoid future problems.

Instructions:

- Read and complete each item.
- Each roommate should make his/her individual response. Being honest will save time and minimize hurt feelings later.
- If responses to questions are different, discuss that difference and try to reach an understanding that all roommates can live with.
- Write down your agreements. If there are things not listed in the contract that you feel may be important to you, write them down and discuss them too.
- After the document has been signed, return it to your RA for safekeeping. You can request its return as needed and always renegotiate items by mutual agreement as necessary.
- If problems arise, start with discussion. If you want a mediator, utilize your RA or Hall Director.

Room or Suite Number: _____

Roommate A Name (Please Print): _____

Roommate B Name (Please Print): _____

Roommate C Name (Please Print): _____

Our RA is: _____

Room Number: _____

I. Use of Each Others Belongings

Roommate A	Roommate B	Roommate C
You may use these possessions of mine: (Yes) (No) (Ask First) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stereo/CDs/DVDs/Movies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TV/VCR/DVD Player <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clothes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Personal Care Items <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Computer and related equip. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Appliances (microwave, etc) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Furniture (bed, etc) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Telephone <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	You may use these possessions of mine: (Yes) (No) (Ask First) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stereo/CDs/DVDs/Movies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TV/VCR/DVD Player <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clothes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Personal Care Items <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Computer and related equip. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Appliances (microwave, etc) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Furniture (bed, etc) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Telephone <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	You may use these possessions of mine: (Yes) (No) (Ask First) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stereo/CDs/DVDs/Movies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TV/VCR/DVD Player <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clothes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Personal Care Items <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Computer and related equip. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Appliances (microwave, etc) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Furniture (bed, etc) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Telephone <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
If you take a message for me: _____ _____	If you take a message for me: _____ _____	If you take a message for me: _____ _____
If you borrow something of mine: _____ _____	If you borrow something of mine: _____ _____	If you borrow something of mine: _____ _____
Anything else others should know: _____ _____ _____	Anything else others should know: _____ _____ _____	Anything else others should know: _____ _____ _____

II. The Use of Our Room

Roommate A	Roommate B	Roommate C
Prioritize how you would use your room: (1=most, 3=least) Sleeping: _____ Studying: _____ Socializing: _____ I expect to go to bed by: _____ I expect to get up most mornings by: _____ I usually take naps at: _____ I plan to study in the room at: _____ I plan to socialize in the room at: _____	Prioritize how you would use your room: (1=most, 3=least) Sleeping: _____ Studying: _____ Socializing: _____ I expect to go to bed by: _____ I expect to get up most mornings by: _____ I usually take naps at: _____ I plan to study in the room at: _____ I plan to socialize in the room at: _____	Prioritize how you would use your room: (1=most, 3=least) Sleeping: _____ Studying: _____ Socializing: _____ I expect to go to bed by: _____ I expect to get up most mornings by: _____ I usually take naps at: _____ I plan to study in the room at: _____ I plan to socialize in the room at: _____
I am 21 years old or older: Yes No	I am 21 years old or older: Yes No	I am 21 years old or older: Yes No

II. The Use of Our Room (Cont.)

- When we would like to use the room for different purposes at the same time, will compromise as follows:

- How will noise levels in the room be handled? (Take into consideration what you consider to be loud, what kind of environment you like to study in, what kind of sleeper you are, and what type of music you like to listen to.)

III. Guests

Roommate A	Roommate B	Roommate C
Guests will be allowed when: <input type="checkbox"/> Anytime <input type="checkbox"/> I'm not trying to sleep <input type="checkbox"/> I'm home and not studying <input type="checkbox"/> _____	Guests will be allowed when: <input type="checkbox"/> Anytime <input type="checkbox"/> I'm not trying to sleep <input type="checkbox"/> I'm home and not studying <input type="checkbox"/> _____	Guests will be allowed when: <input type="checkbox"/> Anytime <input type="checkbox"/> I'm not trying to sleep <input type="checkbox"/> I'm home and not studying <input type="checkbox"/> _____
Guests of the opposite gender are: (check one) <input type="checkbox"/> Okay anytime <input type="checkbox"/> Okay when I'm not sleeping <input type="checkbox"/> Okay at certain times _____ <input type="checkbox"/> Not Okay	Guests of the opposite gender are: (check one) <input type="checkbox"/> Okay anytime <input type="checkbox"/> Okay when I'm not sleeping <input type="checkbox"/> Okay at certain times _____ <input type="checkbox"/> Not Okay	Guests of the opposite gender are: (check one) <input type="checkbox"/> Okay anytime <input type="checkbox"/> Okay when I'm not sleeping <input type="checkbox"/> Okay at certain times _____ <input type="checkbox"/> Not Okay
Guests may sleep in my bed: (check one) <input type="checkbox"/> Never <input type="checkbox"/> With permission first <input type="checkbox"/> Anytime I'm not using it	Guests may sleep in my bed: (check one) <input type="checkbox"/> Never <input type="checkbox"/> With permission first <input type="checkbox"/> Anytime I'm not using it	Guests may sleep in my bed: (check one) <input type="checkbox"/> Never <input type="checkbox"/> With permission first <input type="checkbox"/> Anytime I'm not using it

- When conflicts arise, we will compromise as follows: (Remember that UTA Residence Hall policy imposes a 2 night limit on same sex guests and visitation hours for opposite sex guests. There should be no cohabitation with opposite sex guests. Please refer to the Residence Hall Guide for more information.)

IV. Care of Our Room

Please indicate who will be responsible for the following tasks and when they will be completed.

Task	Rmte A	Rmte B	Rmte C	Scheduled to be completed:
Empty Trash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vacuum Carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wash Dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean the Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean the Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean the Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

- If the condition of the room becomes a concern for any roommate, we agree to resolve that concern by:

V. Personality Style

Roommate A	Roommate B	Roommate C
My mood most of the time is:	My mood most of the time is:	My mood most of the time is:
Something that is likely to annoy me is:	Something that is likely to annoy me is:	Something that is likely to annoy me is:
Times when I would prefer to be left alone are:	Times when I would prefer to be left alone are:	Times when I would prefer to be left alone are:
My idea of relaxing after being tense is:	My idea of relaxing after being tense is:	My idea of relaxing after being tense is:
Something that will usually cheer me up is:	Something that will usually cheer me up is:	Something that will usually cheer me up is:

VI. Additional Comments

Use this space for any additional comments or issues that were not otherwise covered in this agreement and suggest how you will address them. You may also use this space to add further comments about issues that have already been discussed.

You and your roommate(s) have now had a chance to establish some policies and guidelines that should help you build a positive working relationship. If problems do occur, you and your roommate(s) should make an effort to solve the problems between yourselves using the preferences that you have just established. If you cannot settle the matter, then talk to your RA who might be able to help you come to a compromise on the issue. At all times you must remember that as a residence hall resident, you are to abide by all of the rules and regulations as outlined by the Residence Hall Guide.

Conclusion:

We, as roommates, enter into this agreement in good faith. We fully intend to abide by all policies that we have made and as they are written in the Residence Hall Guide. We also agree to be flexible and to revise this agreement as it becomes necessary.

Failure to adhere to this agreement may result in appropriate disciplinary action.

Roommate A _____ **Date** _____
(Signature)

Roommate B _____ **Date** _____
(Signature)

Roommate C _____ **Date** _____
(Signature)