COLLEGE HALL SUMMER 2016
ROOMMATE MATCHING FORM

Personal Information

Your Name: __________________________________________ Howard ID#: @ __________________

Email Address: ______________________________________ Phone: ____________________________

Birthday: ________________ Age: _______ Your Hometown: _________________________________

Anticipated Major: ________________________________________________________________

Questions for matching purposes

I would describe myself as

- VERY NEAT
- NEAT
- MESSY
- VERY MESSY

I would describe myself as

- VERY QUIET
- AVERAGE
- NOISY

I would describe myself as

- OUTGOING
- SHY

I study

- OFTEN
- AVERAGE
- SELDOM

It bothers me if others

- DRINK
- SMOKE
- PARTY

Favorite genre of music

- CLASSIC
- RAP
- HIP-HOP
- R&B
- ROCK
- HEAVY METAL
- POP
- JAZZ

I usually fall asleep at:

- 8PM-10PM
- 10PM-12AM
- 12AM-2AM
- COMPLETE NIGHT OWL

I usually wake up at:

- 5AM-7AM
- 7AM-9AM
- 9AM-11AM
- NOT A MORNING PERSON

I like the room temperature at:

- COLD (>69°)
- CHILL (71-72°)
- WARM (73-74°)
- HOT (75°<)

Please list any additional interests or activities you do in your spare time:______________________________________________________

__________________________________________________________________________________________

Preferred Roommate(s)

Name_________________________________________ Phone: ________________________________

BY SIGNING BELOW, I UNDERSTAND THIS INFORMATION MAY BE MADE PUBLIC TO OTHER RESIDENTS IN SEARCH OF ROOMMATES. I ACKNOWLEDGE THAT LANDLORD IS NOT RESPONSIBLE OR LIABLE FOR ANY CLAIMS, DAMAGES, OR ACTIONS OF ANY NATURE WHATSOEVER RELATING TO, ARISING OUT OF OR CONNECTED WITH DISPUTES BETWEEN POTENTIAL OR SELECTED ROOMMATES. LANDLORD ABIDES BY FEDERAL FAIR HOUSING LAWS WHEN ASSIGNING ROOMMATES. I ACKNOWLEDGE THAT LANDLORD STRESSES TO ACCOMMODATE THE DESIRED APARTMENT AND ROOMMATE PREFERENCES, HOWEVER LANDLORD CANNOT GUARANTEE ALL PREFERENCES CAN BE MET. IF I DO NOT ADVISE LANDLORD OF MY PREFERRED ROOMMATES, LANDLORD WILL ASSIGN A ROOMMATE TO MY UNIT.

_________________________________________ _______________________________________
SIGNATURE OF RESIDENT DATE