College Club Apartments

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ROOMMATE MATCHING FORM

To assist us in locating the apartment to meet your wants and needs and/or most compatible roommate(s), please complete this form thoroughly and honestly.

_____ _____ _____
NAME Age GENDER

_____ _____ _____
Local Phone # Cell phone # email address

Which bedroom do you prefer? (please circle) A B C D

If you are bringing roommates, please name them:

1._____ 2._____ 3._____

School?_____What year are you?_____ Your Major?_____

ROOMMATE MATCHING

Are you a smoker?_____ Do you smoke indoors?_____ Can you live with a smoker?_____
Are you a Drinker?_____ Can you live with a Drinker?_____

Information about myself:

Quiet	( ) Very	( ) Average	( ) Noisy
Study	( ) Often	( ) Average	( ) Seldom
Neat	( ) Very	( ) Average	( ) Untidy

Tell us more: Hobbies_____

Pet Peeves_____

Anything else?_____

Acceptable Roommates males only_____ females only_____ doesn't matter_____

Sign below to give us permission to release this information to potential roommates.

DATE:_____ SIGNATURE_____

We want you to be involved in selecting your roommates. We cannot guarantee that we will be able to satisfy your every preference, but we will do what we can in placing you in your new home.