Central Washington University: University Housing, Wellness, & New Student Programs: Roommate Agreement Form

Hall/Room #: ____________________________ Residents’ Names: ____________________________

This document was created for you to have the opportunity to discuss the issues that are important to your success while living on campus. You are expected to complete and sign this form and return it to your RA. You will get a copy to post in your room and refer to in fulfilling this agreement.

<table>
<thead>
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<th>IN YOUR ROOM, YOU HAVE THE RIGHT TO</th>
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<td>• Study and sleep without interference from noise</td>
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<td>• A clean room</td>
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<td>• A stress-free living environment, free from intimidation, harassment, physical and/or emotional harm</td>
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<td>• Host guests as agreed upon, with the expectation that guests honor the Community Standards</td>
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<td>• Know your belongings and privacy will be respected</td>
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<td>• Expect any disagreement will be discussed in a respectful and open manner.</td>
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Sleeping Arrangements:
When can we nap in the room? __________________. How often? _______________________________.
The room will be for sleeping weekdays from ______ to ______ & weekends from ______ to _________.
How much sleep is important for each roommate to have?

We can sleep with: □ Lights on □ TV on □ Music on
These behaviors will not happen in the room when a roommate is sleeping in the room: _____________________________.

Temperature Control: We like the room: □ hotter □ cooler □ with window open □ We will discuss changing the temperature before doing so.

Study Time:
When will we study? _________________________________.
When we study we will □ play music □ talk on the phone □ have the TV on □ have visitors □ have complete quiet.
If you are studying with a group it is okay to be in the room □ please go to a public space.

Phone Usage and Messages:
□ We can talk on the phone at any time. If you are on the phone, please limit calls to ______ minutes.
□ There are certain times when it is OK to talk on the phone in the room: _____________________________.
If one of us receives a message, please write it down and put it _____________________________.

Security: (You are highly encouraged to have your key with you whenever you leave your room and to lock your door.)
The room door should be locked when (check all that apply): □ going to restroom □ going down the hall □ when someone is sleeping □ whenever door is closed

Time for Socializing:
We prefer to socialize: □ weekday only □ weekend only □ both
It’s OK for people to socialize in our room during the □ daytime □ evenings.
If a roommate/guest violates policy we will _____________________________.

Visitation and Guests:
Visitors are OK: □ all of the time. □ if we ask first. □ We would prefer not to have visitors in the room.

Is overnight okay? □ Yes □ No How often? _____________________________.

Overnight OK: □ Weekdays Only □ Weekends □ Either
Overnight guests may be □ Partner □ Family/Friend of Same Sex □ Family/Friend of Opposite Sex
When I am not home, my roommate’s guests may use my □ Bed □ TV □ Computer □ Stereo □ Food □ Other _____________________________.
If a roommate would like a guest to leave, he/she will let the other roommate know by: _____________________________.

Cleaning the room:
Cleaning means □ Dusting □ Vacuuming □ Taking out trash/recycling □ Cleaning Microfridge □ Putting away our clothes
We plan to keep the room: □ clean & tidy □ clean occasionally. □ We plan to leave things where we drop them.
How will we share the responsibilities of cleaning the room? (Tasks, how often, etc.) _____________________________.

□ We will be responsible for our own side.

Use of Possessions:
□ It’s OK to borrow each other’s belongings as long as we ask each time
□ These are the things we are okay sharing without permission _____________________________.

□ These are the things we are okay sharing with permission _____________________________.

□ These are the things friends from another room can borrow _____________________________.

□ These are the things I prefer my roommate never borrows or uses _____________________________.

□ We prefer to use our own things and not to share them
□ We will share food.

Communication:
What do we need when we are stressed/upset? _____________________________.

If there is a problem between us let’s _____________________________.

Pet peeves we should know about each other: _____________________________.

Anything else we should know about each other: _____________________________.

Additional Info/Other Comments: _____________________________.

By signing this form, I agree to the above guidelines and I agree: That I have completed this agreement honestly and sincerely; to seek help from staff if, after trying to solve an issue on our own, we would like assistance; and to not ignore issues or concerns in the room that may escalate the situation instead of solving it.

Roommate #1 ____________________________ Date ____________________________
Roommate #2 ____________________________ Date ____________________________
Roommate #3 ____________________________ Date ____________________________
Roommate #4 ____________________________ Date ____________________________

Resident Assistant ____________________________ Date ____________________________