

# Roommate Matching Questionnaire

Please answer the following questions honestly so best possible match can be made

Name: \_\_\_\_\_  
First Last Preferred/Nickname Gender  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
College: \_\_\_\_\_ Age/Birth Date: \_\_\_\_\_ Major: \_\_\_\_\_  
Employer: \_\_\_\_\_ I prefer to live with: \_\_\_ Same Sex Only \_\_\_ Opposite Sex is OK  
Requested Roommate: \_\_\_\_\_ Will you have a vehicle? \_\_\_ YES \_\_\_ NO  
Enrollment status as of Fall 2018: (Circle one)  
Freshman Sophomore Junior Senior Graduate Transfer Non-student

1. Rate how you prefer you shared living area: **Neat & Clean** 1 2 3 4 5 **Messy & Disorganized**
2. How do you typically clean: \_\_\_ **Clean right away** \_\_\_ **Clean before I go to bed** \_\_\_ **I wait a few days**
3. Do you consider yourself: **Shy** 1 2 3 4 5 **Outgoing**
4. I will probably be at my apartment: (Circle one)  
**A majority of the time** **I may be gone most weekends** **I will hardly be home**
5. Describe your alcohol use: (Circle one)  
**Never** **A few times a month** **1-2 times week** **3-5 days week** **6-7 days week**
6. Do you mind if your roommate drink? (Circle one)  
**Prefer no alcohol** **1-3 times week** **Weekends ok** **Any time ok**
7. Do you smoke? \_\_\_ **YES** \_\_\_ **No** Do you mind if your roommates are smokes? \_\_\_ **YES** \_\_\_ **NO**
8. How often do you plan on having guests in the apartment? \_\_\_\_\_
9. How often may your roommate have guests in the apartment? \_\_\_\_\_
10. What are your musical preferences? (Circle all that apply)  
**Country** **Rock** **Rap/Hip Hop** **Jazz** **Alternative** **R&B** **Classical** **Talk** **Other:** \_\_\_\_\_
11. Do you play a musical instrument for a hobby? \_\_\_\_\_ My favorite sport or team is \_\_\_\_\_
12. Do you have any special allergies? \_\_\_\_\_
13. If I cause a problem I prefer it's communicated to me: (Circle one)  
**In a note** **Talk to me directly** **Other:** \_\_\_\_\_
14. When do you start your day? (Circle the time that applies)  
**7 am or earlier** **8-9 am** **10-11 am** **Noon or later**
15. When do you typically go to bed? (Circle the time that applies)  
**9 pm** **10 pm** **11 pm** **Midnight** **1 am or later**

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16. How would others describe you? (Circle all that apply)

**Funny**      **Athlete**      **Artist**      **Easy Going**      **Fashionable**      **Outdoorsy**      **Alternative**  
**Serious**      **Military**      **Other Comments:** \_\_\_\_\_

**Circle your top 3-5 concerns about your future roommates:**

Obnoxious Behavior      Not picking up after themselves      Parties/Friends over too much  
Boy/Girlfriend over all the time      Loud music/TV      Messy living      Eating my food  
Being loud when I study/sleep      Friendliness      Respect for my privacy  
Be respectful of roommates      Drug use      Prefer someone with strong faith  
Open-minded/Not prejudice      Close to my age      Prefer quite roommates      Likes to cook  
No live-in guests      Chores are shared      Bad personal hygiene      Using my things without asking  
Nudity/skimpy clothes

By signing below, I allow MHM Properties to share this information with anyone seeking a roommate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



*Disclaimer: While MHM Properties staff will make every attempt to match roommates with similar interest and living habits, we cannot guarantee compatible roommate assignments.*