

Housing, Dining & Residential Services Roommate Agreement

Roommate #1 – Name - _____

Roommate #2 – Name - _____

Roommate #3 – Name - _____

Building - _____ Room - _____ Date - _____

The roommate agreement is provided as an opportunity for you to discuss with your roommate(s) specific areas regarding living in residence halls that roommates frequently come into conflict over. It is the belief that future problems can be diverted if agreement on these potentially high conflict areas is reached early in the quarter.

Communication is essential for a positive, working relationship with your roommate. It is the single most important factor in building a good roommate relationship. Many times roommates assume that they know how the other feels. Therefore, they do not discuss issues like the use of personal belongings or how the room will be used. These assumptions are not always correct and can lead to conflict. The roommate agreement will help you and your roommate(s) begin the process of discussing issues before they become conflicts. Compromise is key to successfully completing this document and to living with other individuals.

Instructions:

- Read and complete each item.
- Each roommate should make his/her individual responses. Being honest now will save time and minimize hurt feelings later.
- If responses are different, discuss that difference and try to reach an understanding with which all roommates are comfortable.
- 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.
- If problems arise, start the discussion before going to your Resident Advisor; if you are not able to come to an agreement, speak with your RA about possible solutions.

I. Use of Each Others Belongings

Roommate A You may use these possessions of mine: (Yes) (No) (Ask First)	Roommate B You may use these possessions of mine: (Yes) (No) (Ask First)	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"/> <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"/> <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"/> _____
If you take a message for me: _____ _____ If you borrow something of mine: _____ _____ Anything else others should know: _____ _____ _____	If you take a message for me: _____ _____ If you borrow something of mine: _____ _____ Anything else others should know: _____ _____ _____	If you take a message for me: _____ _____ If you borrow something of mine: _____ _____ 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

☞ When we would like to use the room for different purposes at the same time, we 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 UCR Residence Hall policy states that having overnight guest(s) without the approval of your roommate is prohibited. Each resident in the Residence Halls is limited to one overnight guest at a time. In Campus Apartments and Family Housing, there is a limit of two overnight guests per bedroom per night. Individual overnight guests are permitted to stay only in your residential room, not in residential common areas. There is a two-night limit for each guest, per month. "Continual" guests are not permitted and may result in the exclusion of your guest and/or termination of your housing contract.)

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 become 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 Handbook.

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)