



## Roommate Agreement Form – Granger Hall

Communication is key in building good relationships with your roommates. This agreement will help you and your roommate, with the assistance of your Resident Assistant (RA) or the Resident Life Supervisor, begin the process of discussing issues that may be found as a source of conflict. Many roommates assume the other knows how someone feels which can prove to be far from the truth of the feelings. Once a potential conflict is identified we can begin to resolve through communications before a major problem develops. Your RA is here to help guide the conversation in the beginning and if a problem does arise.

**Be honest with yourself and your roommate now, so issues can be addressed *before* they arise.**

Each member of a room will complete a copy of this form during a group meeting with your RA/RLS. Be aware that if a roommate change occurs, you and your new roommate will develop a new agreement. Remember to keep a copy to refer back to as needed.

REMEMBER: Communication is KEY!

1<sup>st</sup> Meeting Date

2<sup>nd</sup> Meeting Date

### General Information

|             |  |        |  |
|-------------|--|--------|--|
| Room Number |  | RA/RLS |  |
|-------------|--|--------|--|

This section is for you to put any important information you feel your roommate may want to know about you, or feel they *should* know about you. This will help you feel comfortable in your space. Topics to consider are dietary restrictions, religious practices, relationships, etc. Your RA will also be taking time throughout the semester to get to know you, but this will help spark conversations!

|                |                 |           |
|----------------|-----------------|-----------|
| Roommate Name: | Preferred Name: | Pronouns: |
|----------------|-----------------|-----------|

|              |
|--------------|
| Information: |
|--------------|



## Cleanliness

It is important to know, respect, and work together with your roommate to have an enjoyable time!

|                           |                |                                              |
|---------------------------|----------------|----------------------------------------------|
| Our shared space will be: | We will clean: | General cleaning supplies will be purchased: |
| ◇ Neat                    | ◇ Daily        | ◇ On a rotation basis                        |
| ◇ Messy                   | ◇ Weekly       | ◇ With the cost split each time              |
| ◇ In Between              | ◇ Monthly      | ◇ Other/additional:                          |
|                           | ◇ As needed    |                                              |

|                                           |
|-------------------------------------------|
| When we clean we will:                    |
| ◇ Do our laundry                          |
| ◇ Wash dishes after using them            |
| ◇ Take out the trash                      |
| ◇ Put away personal items in shared space |
| ◇ Other Additional:                       |

## Use of Space

|                                                                      |
|----------------------------------------------------------------------|
| Guests of the same sex are allowed to visit during visitation hours: |
| ◇ Always give notice                                                 |
| ◇ Never give notice                                                  |
| ◇ No guests allowed                                                  |
| ◇ Other/Additional:                                                  |

|                                                                                 |
|---------------------------------------------------------------------------------|
| Guests of the <b>opposite</b> sex are allowed to visit during visitation hours: |
| ◇ Always give notice                                                            |
| ◇ Never give notice                                                             |
| ◇ No guests allowed                                                             |
| ◇ Other/Additional:                                                             |

## Use of Space

|                                     |
|-------------------------------------|
| Study time(s) in the space will be: |
| ◇ 9am—Noon                          |
| ◇ Noon—5pm                          |
| ◇ 5pm—10pm                          |
| ◇ 10pm—Midnight                     |
| ◇ Midnight—9am                      |
| ◇ Other/Additional:                 |

|                                        |
|----------------------------------------|
| Study atmosphere in the space will be: |
| ◇ Silent                               |
| ◇ Low music                            |
| ◇ Low TV volume                        |
| ◇ No distractions                      |
| ◇ Anything goes                        |
| ◇ Other/Additional:                    |



## Use of Space

Time of Day Routine (Write names in and any additional information):

|                                         |  |
|-----------------------------------------|--|
| I like to stay up late:                 |  |
| I like to wake up early:                |  |
| I am an afternoon/early evening person: |  |

Roommates can use each other's:

|                  |             |                                      |
|------------------|-------------|--------------------------------------|
| Gaming Equipment | ◇ TV/Stereo | ◇ Without asking                     |
| ◇ Food/Drink     | ◇ Computer  | ◇ Only after asking first            |
| ◇ Personal Care  | ◇ Clothes   | ◇ Only if immediately returned as is |
| ◇ Other Items:   |             | Clarify Differences:                 |
|                  |             |                                      |

Guests in our space are allowed to:

|                                                |                                   |
|------------------------------------------------|-----------------------------------|
| ◇ Sit on/use each other's beds                 | ◇ Use other's personal belongings |
| ◇ Sit on/use each other's desk chair/furniture | ◇ Use other's computer            |
| ◇ Eat other's food                             | ◇                                 |

Sleeping time(s) in the space will be:

|                     |
|---------------------|
| ◇ 9am—Noon          |
| ◇ Noon—5pm          |
| ◇ 5pm—10pm          |
| ◇ 10pm—Midnight     |
| ◇ Midnight—9am      |
| ◇ Other/Additional: |

While other(s) are sleeping in the space it is okay to:

|                                          |                     |
|------------------------------------------|---------------------|
| ◇ Make noise                             | ◇ Other/Additional: |
| ◇ Listen to music                        |                     |
| ◇ Keep overhead light on (if applicable) |                     |
| ◇ Have guests over                       |                     |
| Play video games                         |                     |
| ◇ Keep desk lamp on (if applicable)      |                     |
| ◇ Watch TV                               |                     |
| ◇ Use Hair Dryer                         |                     |



## Definitions

|                                                            |  |
|------------------------------------------------------------|--|
| "Quiet"                                                    |  |
| "Privacy"                                                  |  |
| "Neat & Clean"                                             |  |
| "Offensive Language" (whether in person, movies, or music) |  |

## Personal Habits

The door should remain:

|                                          |
|------------------------------------------|
| ◇ Locked at all times                    |
| ◇ Unlocked when one of us is in the room |
| ◇ Other additional:                      |

If leaving for the weekend/period of time, we will:

|                         |
|-------------------------|
| ◇ Notify each other     |
| ◇ Not notify each other |
| ◇ Other additional:     |

How will we request private time in the room/apartment?

|  |
|--|
|  |
|--|

How far ahead of time?

|  |
|--|
|  |
|--|

Please note that alcohol and drugs are **against** school policy and appropriate action will be taken if you violate these policies.

Please speak with your RA/RLS if you have further questions or concerns about this policy.



## Plans of Action

Preferred means of communication with roommate during conflict:

|                                  |                                     |
|----------------------------------|-------------------------------------|
| ◇ Speaking face to face          | ◇ Communicating over email/Facebook |
| ◇ Communicating via text message | ◇ Mediation with a staff member     |
| ◇ Other/Additional:              |                                     |

If one of us is bothered by the action of the other, we should:

|                                      |                                             |
|--------------------------------------|---------------------------------------------|
| ◇ Keep it to ourselves               | ◇ Immediately voice our concerns by talking |
| ◇ Consult with a staff member        | ◇ Not post it on social media               |
| ◇ Not gossip to other about it first |                                             |
| ◇ Other/Additional:                  |                                             |

If we hear gossip/negative talk about the other, we agree to:

|                                          |
|------------------------------------------|
| ◇ Confront the person sharing the gossip |
| ◇ Consult a staff member                 |
| ◇ Inform the roommate                    |
| ◇ Other/Additional:                      |

Food or drink consumed that is not ours, will be:

|                                       |
|---------------------------------------|
| ◇ Replaced within three days          |
| ◇ Replaced within a week              |
| ◇ Not replaced (what's mine is yours) |
| ◇ Other/Additional:                   |

## We would like to

|                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------|
| ◇ Only revisit/revise this agreement form if one of the roommates wants to at a later date                                             |
| ◇ Set a date now to revisit (and revise if needed) this agreement form.<br>+Put date in "2nd meeting date" box on page 1 of this form. |
| <i>Note: The RA/RLS may revisit this agreement with roommates as needed during the year.</i>                                           |



- ☐ I am entering into a good-faith agreement with my roommate to make the most of our living arrangements this year. As issues arise I promise to first communicate openly with my roommate. This form is only a starting point for open communication. As needed, we will refer back to this form and seek counsel of the RA/RLS.

**This form should be printed and signed by each roommate.**

| Roommate Printed Name | Roommate Signature |
|-----------------------|--------------------|
|                       |                    |
|                       |                    |

RA/RLS Signature:

Date:

**In approximately two months, your RA/RLS may want to revisit this agreement with you and your roommate(s) to see if any updates need to be made.**