

Roommate Agreement

Hybrid-Style Building (Ontario & Perth)

Roommate agreements outline standards of behaviours that each roommate agrees to live by in order to fulfill a healthy and happy roommate relationship. Communication is key to a successful relationship between you and your roommate.

How to complete the Roommate Agreement in 3 simple steps:

Step 1. Get together with your roommate and review the questions provided.

Step 2. Agree on preferences and fill out the document. Sign the last page and hand it in to your RA/Don.

Step 3. Review before Fall Reading Break to make necessary adjustments.

Room Number:

Roommate Name(s):

SLEEP

						Roommate Preferences			
			Room #1		Room #2				
			Options	Initials:	Initials:	Initials:	Initials:		
What time do you go to bed?		On a Weekday							
		On the Weekend							
What time do you wake up?		On a Weekday							
		On the Weekend							
While sleeping...	All room lights are...	On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Doesn't Matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	TV/Computer is...	On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Off		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Doesn't Matter		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Music is...	On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Doesn't Matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Cell phone is...	On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Off/Silent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Vibrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Doesn't Matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
If we differ in our preferences for sleep, we agree to... (e.g. use headphones when roommate is sleeping, keep phone on silent, etc.)									

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STUDY PATTERNS

Roommate Preferences					
		Room #1		Room #2	
		Initials:	Initials:	Initials:	Initials:
What time do you study?		Morning <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Day <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Night <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
While studying, I prefer...	TV	On <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Off <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Doesn't Matter <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Music	On <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Off <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Doesn't Matter <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To be...	Alone <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	In a Group <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Doesn't Matter <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If we differ in our preferences for studying we agree to... (e.g. study at the library after 10 pm, use headphones for music, etc.)					

TEMPERATURE

Roommate Preferences					
		Room #1		Room #2	
Questions	Options	Initials:	Initials:	Initials:	Initials:
What is your ideal room temperature?	Cooler <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Average <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Warmer <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Doesn't Matter <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When can the windows be open?	Day <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Night <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Doesn't Matter <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If we differ on our preferences for temperature, we agree to... (e.g. keep windows open at night)					

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CLEANLINESS RESPONSIBILITIES

What will be your process for cleaning your suite and all common areas? (i.e. schedule, alternate tasks, etc.) *							
		Common Space		Room #1		Room #2	
			Write schedule below		Write schedule below		Write schedule below
How often will we do the following?	Empty Trash & Recycling	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly <input type="checkbox"/> As needed		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly <input type="checkbox"/> As needed		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly <input type="checkbox"/> As needed	
	Tidying	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As needed		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As needed		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As needed	
	Washroom	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As needed		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As needed		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As needed	
Who is responsible for purchasing cleaning supplies? Payment?							

* Housekeeping will provide rooms with a light cleaning biweekly but it is expected that students will take care of the day to day upkeep of the space

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PROPERTY & BELONGINGS

Roommate Preferences						
			Room #1		Room #2	
			Initials:	Initials:	Initials:	Initials:
		Options				
You can use the following possessions of mine...	Computer	Yes No Yes, but ask	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	TV	Yes No Yes, but ask	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Other Electronics (tablet, charger, PS4, etc.)	Yes No Yes, but ask	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Appliances (curling iron, hair dryer, etc.)	Yes No Yes, but ask	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Food	Yes No Yes, but ask	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Clothes	Yes No Yes, but ask	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	School Supplies	Yes No Yes, but ask	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Other(s)	Yes No Yes, but ask	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SOCIAL ETIQUETTE

Roommate Preferences					
		Room #1		Room #2	
	Options	Initials:	Initials:	Initials:	Initials:
Are you comfortable if your roommate is on the phone/ skype while you are in the room?	Yes No Yes, but ask	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
How much alone time do you need?	A lot Minimal Doesn't Matter	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If we need alone time, how will we communicate that with each other? (create schedule, ask each time, etc.)					

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CONFLICT

	Room #1		Room #2	
	Initials:	Initials:	Initials:	Initials:
How do you like to be approached if there's a conflict? (e.g. face-to-face, in private, by text/email)				

GUESTS

Roommate Preferences						
			Room #1		Room #2	
		Options	Initials:	Initials:	Initials:	Initials:
Guests may visit...	When Studying	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Depends, please ask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	When Sleeping	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depends, please ask		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
When I'm not in the room	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Depends, please ask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overnight	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Depends, please ask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any further comments regarding guests? (number of guests, frequency, length of stay, etc.)						
How much notice is needed to let each other know when guests are coming?						

Check the boxes to indicate that you understand and agree with each of the following statements:
<input type="checkbox"/> We will close and lock the door when someone is not in the room
<input type="checkbox"/> We will close and lock the windows when leaving the room for long durations
<input type="checkbox"/> We will bring our key when leaving the room for any reason so that our roommate may lock the door if they leave
<input type="checkbox"/> We will ensure that guests respect each other's property

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MEDIATING CONFLICT

Here is a quick guide for what to do when the roommate agreement is violated, and/or you're experiencing roommate conflict.

1. Sit down together without distractions, in a private space.
2. Set guidelines for discussion. These can include some or all of the following:
 - a. Focusing on the facts of the situation
 - b. Confidentiality (we agree not to discuss this with our floor-mates or people that it doesn't concern)
 - c. Using "I Statements" to share feelings
3. Give each other room to speak. It's important not to interrupt each other while sharing your frustrations.
4. Be honest about your needs and what you want to get at the end of the mediation.
5. What are the easy wins? Consider if there are small changes you can make to mitigate the conflict.
6. Take some time to brainstorm solutions for the conflict. Do this individually first, and then share ideas together.
7. Write down any and all agreed changes.
8. Finally, inform your staff member of any changes to your roommate agreement.

Signatures	
<input type="checkbox"/> We agree to the terms and values described in this roommate agreement and will do our best to communicate and learn from each other over the course of the year.	
Name: Signature:	Name: Signature:
Name: Signature:	Name: Signature: