

Carleton University Residence Life: Roommate Agreement (Traditional)

Residents' Names:

1.

2.

Building:

Room Number:

The following information establishes each resident's expectations and is meant to facilitate a mutual agreement regarding the behavior and environment desired by both students.

1. Cleanliness:

We will clean the **room**:

- Daily
- Weekly
- Monthly
- Other

Cleaning the **room** entails:

- Vacuuming
- Doing Laundry
- Taking out Trash/Recycling
- Dusting Surfaces
- Other:

2. Guests:

Aspects of the Residence Standards must also be considered when addressing guests in Residence. Please refer to the Residence Standards for more details.

How many guests per person at a time?

- 1
- 2

How often?

- Daily
- Twice a week
- Once a week
- Other:

What time of day?

- Morning
- Afternoon
- Night
- Between these hours:

How often can overnight guests stay?

- Daily
- Twice a week
- Once a week
- Never
- Other:

How much advanced warning should we give?

- A day in advance
- No warning
- Other:

Guests in our space are **not** allowed to:

- Sit on or use other's bed
- Share food
- Use others' belongings
- Other:

3. Sharing:

We can share **bedroom** belongings:

- Yes
- No
- If we ask first

Bedroom belongings include:

- Clothing
- Electronics
- Other:

4. Noise:

Reasonable time for the room to be quiet:

- Weekday mornings:
- Weekend mornings:
- Weekday nights:
- Weekend nights:

When one of us is **sleeping**, the other may:

- Use electronics without headphones
- Have guests over
- Have lights on
- Other:

When trying to **sleep**, we should take proactive measures, such as:

- Ear plugs
- Eye mask
- None
- Other:

When one of us is **studying**, we prefer:

- To remain in the room
- To study elsewhere
- Other:

When one of us is **studying**, we prefer:

- Complete silence
- Low noise (music, TV, etc...)
- Other:

When one of us is **studying** in the room, the other may:

- Use electronics without headphones
- Have guests over
- Other:

5. Alcohol Consumption:

This portion of the Roommate Agreement pertains to students of legal drinking age in Ontario. Aspects of the Residence Agreement must also be considered when addressing drinking habits within Residence. Please refer to the Residence Agreement for more details.

How do we feel about drinking alcohol in our room?

- Comfortable
- Uncomfortable
- Neutral

How do we feel about guests drinking in our room?

- Comfortable
- Uncomfortable
- Neutral

6. Room Security:

The room door will be locked:

- When neither one of us is in the room
- When one of us is in the room
- When both of us are in the room
- Other:

7. Conflict Resolution:

What is our preferred method of communication?

- Conversation in person
 - Notes, email, voicemail
 - Conversation facilitated by Residence Life Staff
 - Other:
-

8. Miscellaneous:

Medical Needs (allergies, illnesses, etc...):

Smoking Habits:

Undesired Behaviours (pet peeves):

We have agreed to the guidelines listed in this agreement. We have made a commitment to each other to have open communication and discuss conflicts openly as they arise. We will refer to these guidelines as necessary and document any changes.

Roommates' Signatures:

1.

2.

**Residence Fellow's
Signature:**

Date:

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2.

**Residence Fellow's
Signature:**

Date:

Can-mate Agreement

1. Cleanliness:

We will clean the **washroom**:

- Daily
- Weekly
- Monthly
- Other:

Cleaning the **washroom** entails:

- Taking out Trash/Recycling
- Vacuuming/Mopping Floors
- Cleaning Toilet/Shower/Sink
- Cleaning Countertops
- Stocking Toilet Paper
- Other:

2. Sharing:

We can share **washroom** belongings:

- Yes
- No
- If we ask first

Washroom belongings include:

- Toiletries (shampoo, conditioner, lotion, toothpaste, etc...)
- Cleaning supplies (toilet cleaner, surface cleaner, air freshener, etc...)
- Other:

3. Security:

Please remember to unlock the door from the inside to allow can-mate(s) access.

The washroom doors will be locked from the bedroom side:

- Always
- Never
- Other:

4. Conflict Resolution:

Preferred method of communication:

5. Miscellaneous:

Medical Needs (allergies, illnesses, etc...):

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1.

2.

3.

4.

Residence Fellow's
Signature:

Date:

