

Carleton University Residence Life: Roommate Agreement

Residents' Names:

House & 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 be responsible for:

- Everything in the room
 - Our own possessions
 - Our designated side of the room
 - Other:
-

We will keep our room:

- Messy
 - In between
 - Neat
-

We will clean the room:

- Daily
 - Weekly
 - Monthly
 - As needed
 - Other:
-

Cleaning will include:

- Laundry
 - Dishes
 - Trash/Recycling
 - Vacuuming
 - Washroom (if shared)
 - Other:
-

Other preferences:

We will clean communal areas (bathroom, kitchen area) based on:

- A cleaning schedule
 - An honours system
 - 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 at a time?

- 1
 - 2
-

How often?

- Daily
- Once a week
- Other:

Time of day:

- Morning
 - Afternoon
 - Night
 - Between these hours:
 - Dependent on:
-

Overnight guests:

- Yes
- Never

Advanced warning:

- No warning
- A few hours in advance
- A day in advance
- A week in advance
- Other:

Guests in our space are allowed to:

Special considerations for guests:

3. Sharing:

List of belongings that may be shared:

List of belongings that may not be shared:

List of belongings that may be shared as long as we ask beforehand:

Other preferences:

List of belongings that may be shared as long as we replace/return them as they were found:

4. Sleep Habits:

Reasonable time for the room to be quiet at night:

- During the week:
- On weekends:

Reasonable time for the room to be quiet in the mornings:

- During the week:
- On weekends:

When one of us is sleeping, the other(s) may:

- Watch TV
 - Listen to music
 - Use hair dryer
 - Have guests over
 - Have lights on
 - Have a lamp on
 - Talk on the phone
 - Use laptop/computer
 - Skype
-

Other preferences:	<input type="checkbox"/> Play video games <input type="checkbox"/> Other:
	<hr/> When trying to sleep/nap, should we take proactive measures, such as: <input type="checkbox"/> Ear plugs <input type="checkbox"/> Eye mask <input type="checkbox"/> None <input type="checkbox"/> Other:
5. Study Habits:	<hr/> When one of us is studying, we prefer: <input type="checkbox"/> To remain in the room <input type="checkbox"/> To study elsewhere <input type="checkbox"/> Other:
	<hr/> When one of us is studying, we prefer: <input type="checkbox"/> Complete silence <input type="checkbox"/> Low music <input type="checkbox"/> TV <input type="checkbox"/> Other:
Other preferences:	<hr/> When one of us is studying, the other(s) may: <input type="checkbox"/> Watch TV <input type="checkbox"/> Listen to music <input type="checkbox"/> Use hair dryer <input type="checkbox"/> Have guests over <input type="checkbox"/> Have lights on <input type="checkbox"/> Have a lamp on <input type="checkbox"/> Talk on the phone <input type="checkbox"/> Other:
6. Drinking/Smoking:	<hr/> How do we feel about drinking alcohol in our room? <input type="checkbox"/> Comfortable <input type="checkbox"/> Uncomfortable <input type="checkbox"/> Neutral <input type="checkbox"/> Dependent on:
<p><i>This portion of the Roommate Agreement pertains to students of legal drinking/smoking age in Ontario. Aspects of the Residence Standards must also be considered when addressing drinking and smoking habits within Residence. Please refer to the Residence Standards for more details.</i></p>	<hr/> How do we feel about guests drinking in our room? <input type="checkbox"/> Comfortable <input type="checkbox"/> Uncomfortable <input type="checkbox"/> Neutral <input type="checkbox"/> Dependent on:
	<hr/> Other preferences (odour on clothing, etc...):
7. Room Security:	<hr/> The door will be locked: <input type="checkbox"/> When neither one of us is in the room <input type="checkbox"/> When one of us is in the room <input type="checkbox"/> When both of us are in the room <input type="checkbox"/> Other:
8. Conflict Resolution:	<hr/> Preferred method of communication: <input type="checkbox"/> Conversation in person <input type="checkbox"/> Notes, email, voicemail <input type="checkbox"/> Conversation facilitated by Residence Life Staff <input type="checkbox"/> Other:

9. Miscellaneous:

Allergies:

Illnesses:

Pet Peeves:

Other:

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.

3.

4.

5.

6.

**Residence Fellow's
Signature:**

Date:
