

Date _____

NORTHEAST COMMUNITY COLLEGE OFF-CAMPUS ROOMMATE QUESTIONNAIRE

I am looking for a place to share. **OR** I have a place, looking for a roommate.

Please Print Contact Information:

Name _____ Male Female Birth Year _____
Phone _____ Major _____

Fill Out This Section if You Already Have a Place and are Looking for Roomate(s)

I have a place at: _____

No. of tenants wanted _____ Male Female No preference

Rent \$ _____ Deposit: \$ _____ Length of Lease _____

I would prefer a roommate in same field of study different field of study doesn't matter

Utilities paid by tenant: _____

Furnished: Yes No _____

Parking: (garage, driveway, lot, street, etc.) _____

Restrictions: (no smoking, pets, children, loud parties, etc.) _____

Date available: _____

I would describe myself as:

(Choose only one answer per grouping.)

<input type="checkbox"/> Aggressive <input type="checkbox"/> Passive <input type="checkbox"/> In Between	<input type="checkbox"/> On Time/Never Late <input type="checkbox"/> Sometimes Late <input type="checkbox"/> Usually Late
<input type="checkbox"/> Neat/Organized <input type="checkbox"/> Easy Going/Somewhat Organized <input type="checkbox"/> Messy/Care Free	<input type="checkbox"/> Efficient <input type="checkbox"/> Somewhat Efficient <input type="checkbox"/> Procrastinator
<input type="checkbox"/> Early Morning Person <input type="checkbox"/> Late Night Person	<input type="checkbox"/> Light Sleeper <input type="checkbox"/> Sound Sleeper
<input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker	<input type="checkbox"/> Would Room With a Smoker <input type="checkbox"/> Would Not Room With a Smoker
<input type="checkbox"/> Can Study With Noise <input type="checkbox"/> Cannot Study With Noise	<input type="checkbox"/> Can Study Anywhere <input type="checkbox"/> Must Have a Special Study Area

Other Important Information to Share: _____

