



© 2008 ipad Management, LLC

Roommate Matching Questionnaire

We want you to be involved in selecting your roommates. We cannot guarantee that we will be able to satisfy your every preference, but we will do what we can in placing you in your new home. To assist us in locating the apartment to meet your wants, needs and/or most compatible roommate(s), please complete this form thoroughly and honestly.

NAME _____ AGE _____ GENDER _____

CELL PHONE # _____ HOME PHONE # _____ E-MAIL ADDRESS _____

Do you need our furniture? Yes / No
For matching purposes (if applicable), what furnishings will you be bringing for the common area?

If you are bringing roommates, please provide their names below:

1. _____ 2. _____ 3. _____

School: _____ Academic year: _____ Major: _____

ROOMMATE MATCHING

Roommate preferences: (please check)

(Choose One) Males only _____ females only _____ no preference _____

Minimum roommate age: _____ maximum roommate age: _____

Lifestyle (please circle the answer that best describes you or fill in the blank):

Are you a smoker? Yes / No Do you smoke indoors? Yes / No

Will you live with a smoker? Yes / No

****Please note that NO SMOKING is allowed inside any apartment**

(Select One) How often do you study? Every Day Weekdays Weekends Seldom Never

(Select One) Do you drink? Every Day Weekends Special Occasions Seldom Never

Are you a member of a sorority, fraternity, or other student organization? Yes / No (Select One)

If yes, please list _____

Would you consider yourself to be: Very Clean Somewhat Clean Messy Dirty (Select One)

What type of music do you listen to? _____

What type of movies do you watch? _____

Hobbies _____

Pet peeves _____

Additional comments: _____

Electronic Signature Disclosure and Consent Statement

You consent and agree that your use of a key pad, mouse or other device to select an item, button, icon, checkbox, to enter text, or to perform a similar act/action, while using the website, for the purpose of completing this questionnaire, constitutes your signature, acceptance and agreement as if actually signed by you in writing. You further acknowledge and agree that the taking of any such actions by you evidence your intent to sign the questionnaire. You also agree that no certification authority or other third party verification is necessary to the validity of your electronic signature; and that the lack of such certification or third party verification will not in any way affect the enforceability of your signature or the resulting questionnaire.

____ I have read, understood, and accept the Electronic Signature Disclosure and Consent Statement.

By signing you give ipad Management, LLC, permission to release this information to perspective roommates.

SIGNATURE _____ DATE _____