

Discuss the following issues with your roommate(s) while completing this expectations form. **Be open, direct, and share your opinions as well as your feelings.** Decide “how it’s going to be” in your shared apartment. For example, what topics are you willing or not willing to compromise? Please submit a completed form to your RA.

Schedule	<i>Issues about my schedule are [low] — [mid] — [high] — priority. Please circle/highlight one.</i>
<p>1) We agree to go to bed around _____ and wake up around _____.</p> <p>2) We agree to study from _____ to _____. We agree to relax from _____ to _____. We agree to socialize from _____ to _____. We agree to turn off the lights from _____ to _____ on weekdays and _____ to _____ on weekends. We are typically <input type="checkbox"/> Night owls <input type="checkbox"/> Early birds <input type="checkbox"/> combination of both or <input type="checkbox"/> each person is different</p> <p>3) I prefer to shower <input type="checkbox"/> early morning <input type="checkbox"/> during the day <input type="checkbox"/> at night <input type="checkbox"/> other: _____</p>	
Housekeeping	<i>Issues about cleanliness are [low] — [mid] — [high] — priority. Please circle/highlight one.</i>
<p>4) How neat/clean do we want the common space? _____ How neat/clean do we want the bathroom? _____ How neat/clean do we want the vanity counter? _____ How long can dirty dishes be in the sink? _____</p> <p>5) How will we divide housekeeping duties like doing dishes, cleaning the floor, cleaning the bathroom, taking out trash/recyclables, etc? <input type="checkbox"/> by task on a weekly basis <input type="checkbox"/> you do one week/I do the next <input type="checkbox"/> other: _____</p> <p>6) What temperature do we prefer the apartment to be? (Note: Heating/cooling apartment to extremes may result in utility overage charges.) During the day? _____ at night? _____ How do we plan to do this if there are no built-in temperature controls? _____</p> <p>7) How would we like the apartment decorated? <input type="checkbox"/> coordinated décor <input type="checkbox"/> we all do our own thing <input type="checkbox"/> other _____ How would we like the furniture arranged? <input type="checkbox"/> no preference <input type="checkbox"/> other (attach separate sheet)</p> <p>8) How do we want to allocate cabinet and refrigerator space? <input type="checkbox"/> in quarters <input type="checkbox"/> doesn't matter <input type="checkbox"/> other _____</p> <p>9) Keys Complex Only: What can be stored in the outside storage space? _____</p>	
Belongings	<i>Issues about belongings are [low] — [mid] — [high] — priority. Please circle/highlight one.</i>
<p>10) We are comfortable sharing/borrowing the following items located in the common room: <input type="checkbox"/> nothing <input type="checkbox"/> clothes <input type="checkbox"/> food <input type="checkbox"/> appliances <input type="checkbox"/> make-up <input type="checkbox"/> computer <input type="checkbox"/> personal-hygiene items <input type="checkbox"/> electronic equipment <input type="checkbox"/> books <input type="checkbox"/> paper <input type="checkbox"/> other _____ Do we want to be asked before borrowing occurs? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> depends _____</p> <p>11) We are comfortable sharing/borrowing the following items located in the bedrooms: <input type="checkbox"/> nothing <input type="checkbox"/> clothes <input type="checkbox"/> food <input type="checkbox"/> appliances <input type="checkbox"/> make-up <input type="checkbox"/> computer <input type="checkbox"/> personal-hygiene items <input type="checkbox"/> electronic equipment <input type="checkbox"/> books <input type="checkbox"/> paper <input type="checkbox"/> other _____ Do we want to be asked before borrowing occurs? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> depends _____</p> <p>12) Do we mind if friends or guests use items in our room? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> depends _____ Does the owner need to be present? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> depends _____</p> <p>13) If items are damaged, who pays for repair/replacement? <input type="checkbox"/> we split <input type="checkbox"/> owner <input type="checkbox"/> person who caused the damage</p>	
Preferences	<i>Issues about preferences are [low] — [mid] — [high] — priority. Please circle/highlight one.</i>
<p>14) How late is “too late” for guests to visit in bedrooms on weekdays? (same gender) <input type="checkbox"/> after _____ <input type="checkbox"/> ok any time What about weekends? _____ (different gender) <input type="checkbox"/> after _____ <input type="checkbox"/> ok any time</p> <p>15) How late is “too late” for guests to visit in the living room on weekdays? (same gender) <input type="checkbox"/> after _____ <input type="checkbox"/> ok any time What about weekends? _____ (different gender) <input type="checkbox"/> after _____ <input type="checkbox"/> ok any time</p> <p>16) How late is “too late” to make or receive phone calls? <input type="checkbox"/> after _____ <input type="checkbox"/> ok any time</p> <p>17) If guests are visiting when we need privacy or quiet time, how will we communicate these needs? <input type="checkbox"/> say it <input type="checkbox"/> other _____</p> <p>18) How much noise can we tolerate when studying/sleeping? <input type="checkbox"/> complete quiet <input type="checkbox"/> music/TV okay <input type="checkbox"/> other _____ How will we resolve noise/volume issues? _____</p>	



- 19) Our “pet peeves” list: (examples: eating each other’s food without asking, having the TV too loud, always coming back late, not turning the light off) _____
- 20) When we need to re-charge we prefer _____
- 21) How can we contact each other? ☐ cell phone ☐ text ☐ email ☐ leave a note ☐ other _____
- 22) What contact information can we share with others? ☐ cell phone number ☐ email ☐ none ☐ other _____
- 23) If an issue does arise, how should we communicate with each other? ☐ talk to each other ☐ leave a note ☐ get the RA
☐ other: _____

Open Discussion

Issues about our other expectations are [low] — [mid] — [high] — priority. Please circle/highlight one.

Personalize your expectations. If the following issues arise, we agree to attempt to resolve them ourselves. If we are not able to resolve the issues on our own, we agree that our resident assistant will be contacted to coordinate or facilitate continued roommate communication.

Roommate Names and Signatures

Print Name _____ Sign/Date _____

Print Name _____ Sign/Date _____

Print Name _____ Sign/Date _____

Print Name _____ Sign/Date _____

Hall _____ **Apt#** _____ **Room** _____ **Submit a completed form to your RA**

G-to-G Apartment Revised July 2022 ***It is encouraged to post a copy of the agreement in your apartment.**