**ROOMMATE AGREEMENT WORKSHEET**

This agreement focuses on ground rules for your room. If any conflicts arise, your Resident Assistant and/or Area Coordinator will mediate the conflicts by using this roommate agreement as a tool to help you resolve the issues.

Roommate A is __________________________ Roommate B is __________________________

Please use the terms “yes”, “no”, and “ask permission” in the following sections.

**Communal Property**

Are you willing to share any of the following possessions?

<table>
<thead>
<tr>
<th>Possession</th>
<th>Roommate A</th>
<th>Roommate B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Electronics</td>
<td>A _________</td>
<td>B __________</td>
</tr>
<tr>
<td>2. Computer</td>
<td>A _________</td>
<td>B __________</td>
</tr>
<tr>
<td>3. Appliances</td>
<td>A _________</td>
<td>B __________</td>
</tr>
<tr>
<td>4. DVDs</td>
<td>A _________</td>
<td>B __________</td>
</tr>
<tr>
<td>5. Bed</td>
<td>A _________</td>
<td>B __________</td>
</tr>
<tr>
<td>6. TV</td>
<td>A _________</td>
<td>B __________</td>
</tr>
<tr>
<td>7. Money</td>
<td>A _________</td>
<td>B __________</td>
</tr>
<tr>
<td>8. Clothes</td>
<td>A _________</td>
<td>B __________</td>
</tr>
<tr>
<td>9. Personal Care Items</td>
<td>A _________</td>
<td>B __________</td>
</tr>
<tr>
<td>10. Food</td>
<td>A _________</td>
<td>B __________</td>
</tr>
</tbody>
</table>

**Damaged/Lost Items**

Are you willing to replace broken or lost items when you (or your guest) are at fault?*  
Are you willing to share the cost of replacing items when it cannot be determined who was at fault?*  
If no:  
Who will be responsible for replacing items when it cannot be determined who was at fault?*

**Phone Use**

Is it okay to use the phone while the other is in the room?  
How often?  
Phone calls shall last no longer than:  
Phone calls shall not take place during these times:  
If no to the above:  
Are you willing to leave the room when you are using the phone?  

**Guests**

(Overnight guests are only permitted if BOTH roommates agree. Guests CANNOT stay more than two consecutive nights without the permission of the Area Coordinator. It is recommended that a resident only signs in guests with whom they are familiar and that they believe will abide by College policies and expectations).  
Do you agree to take responsibility for the actions of your guests?  
Are overnight guests permitted?  
Of the same gender?  
Of the opposite gender?  
Significant others?  
If I have a problem with my roommate concerning a guest, I agree to resolve the problem by:

**Cleaning Responsibilities**

I agree to share the following cleaning responsibilities:  
Picking up after myself  
Sweeping/vacuuming  
Emptying trash  
Keeping room tidy  
Cleaning of microwave/refrigerator  
If we disagree on the amount of cleanliness/tidiness each can tolerate, we will resolve our problems in the following manner:
Smoking
While smoking is not permitted on The College of Saint Rose property, in the event that one or more of us are smokers, we set the following expectations for each other:

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Alcohol
While underage students are not permitted to possess, consume, or distribute alcohol or alcohol paraphernalia on The College of Saint Rose property, we set the following expectations for each other:

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Drugs
While illicit and/or illegal drugs and drug paraphernalia are not permitted on The College of Saint Rose property, we set the following expectations for each other:

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Quiet Hours and Sleeping
(Quiet Hours are from 11:00 PM - 8:00 AM Sunday through Thursday and 1:00 AM-10:00 AM on Friday and Saturday)

I understand and acknowledge the Residence Hall Quiet Hours. A ______________ B ______________
I understand that Courtesy Hours are in effect 24 hours a day. A ______________ B ______________
We will set aside the following hours for quiet/study time for our room ____________________________
If my roommate is trying to sleep at any time of the day, I agree not to:

Talk on the phone or video chat A ______________ B ______________
Watch TV A ______________ B ______________
Play music A ______________ B ______________
Have guests in the room A ______________ B ______________
Turn the lights on A ______________ B ______________

Room/Building Security
Do you agree to lock the door when you leave? A ______________ B ______________
If you fail to lock the door when you leave, do you accept responsibility for any lost or stolen items?* A ______________ B ______________
Do you agree to notify Residence Life in the event that you lose your room key? A ______________ B ______________
Do you agree to notify the ID Card Office in the event that you lose your ID? A ______________ B ______________
Do you agree to keep an awareness for individuals who you don’t recognize and take the necessary steps to preserve the safety and property of your fellow residents? A ______________ B ______________

We as roommates, enter into this agreement in good faith. We fully intend to abide by all the agreements we have made. We also agree to be flexible and to revise this agreement as it becomes necessary. We agree to continue to communicate assertively with each other (even in situations when we are angry or frustrated.) All roommates are encouraged to sign below:

Roommate A Name __________________________________ Roommate A Signature ______________________ Date ______
Roommate B Name __________________________________ Roommate B Signature ______________________ Date ______
Staff Name __________________________________________ Staff Signature ______________________ Date ______

*The Office of Residence Life is not responsible for loss or damage to personal property. Please review the Student Handbook for more information.