

ROOMMATE AGREEMENT - HALLS

In completing this agreement, the residents of this room agree to establish a positive living environment. By signing this agreement, each roommate agrees to abide by the terms and conditions established in the same manner as the housing policies published in the [University Housing Services Student Housing License Agreement](#).

5 Steps to Resolving Roommate Conflict:

1. Talk with your roommate
2. Seek RA Advice
3. Be Open to a Roommate Mediation
4. Keep your RA Looped in on if Issues Continue
5. Speak to Your Area Coordinator

If conflicts arise that can't be resolved among roommates, Residence Life staff will facilitate mediation to help reach a mutual agreement.

Resident 1: _____

Resident 2: _____

Resident 3: _____

Resident 4: _____

LIVING EXPECTATIONS

Living Space Conditions

Preferences of windows during the day - <i>Policy Reminder: Windows should be closed and locked when no one is in the room.</i>		
Agreed room temperatures on warmer days:		Agreed room temperature on colder days:
Agreed room temperatures on warmer days:	Agreed room temperature on colder days:	Agreed room temperature when sleeping:
Lights in the room: (i.e. Turn off the lights when not using the space)		
How will space in the fridge be organized/shared?		
How/Will food be shared among roommates?		
If grocery shopping is done - How will grocery shopping be conducted? Will any items be purchased as communal property? How will community items be purchased? How will the cost be split and collected?		

Who is allowed to throw away food that has expired?
Does anyone need to share any allergies, medical conditions, or spiritual/religious practices?
What activities/behaviors will not be accepted in the room(e.g., pet peeves)?

Room/Sleeping Conditions

Policy reminder: Quiet hours are enforced from 10:00 PM to 8:00 AM Sunday through Thursday and 12:00 AM to 10:00 AM on Friday and Saturday.
Hours reserved for sleeping will be between _____ and _____.
When one of us is sleeping, we agree to the following conditions:
Room lights/Desk Lamps: (i.e. We agree to keep all lights off when one of us is sleeping.)
Listening to Music/Watching TV: (i.e. we agree to use headphone when listening to music or watching TV during the reserved sleeping hours)
Window preferences during the night: (i.e. We agree to close the window and blind at night. Blind cannot be opened until the last person is awake) Policy Reminder: Windows should be closed and locked when no one is in the room.

Communication

Decide best form of communication for the room (e.g., in-person, text message, phone call, etc.):
Fill in the blanks to complete the statement: If there is a disagreement, we agree to address it with each other through _____(e.g., call, text, in-person conversation, etc.) within _____amount of hours.

Noise levels

1 - Minimal to no noise (only noise permitted is a low volume of noise when moving around in shared spaces) 2 - Low volume noise (noise permitted is low volume music, tv, conversations, etc.) 3 - Moderate volume (noise permitted is moderate volume from music, tv, conversations, etc.) 4 - No concern for noise (all volume of noise is permitted so long as it abides by quiet hours)
Policy reminder: Quiet hours are enforced from 10:00 PM to 8:00 AM Sunday through Thursday and 12:00 AM to 10:00 AM on Friday and Saturday.
We agree to the following noise level _____ in the morning between the hours of _____.
We agree to the following noise level _____during the afternoon between the hours of _____.
We agree to the following noise level _____during the night between the hours of _____.
We agree to the following noise level _____while one of the roommates is studying .

PERSONAL BELONGINGS EXPECTATIONS

Decide items to be shared, if any (e.g., TV, couch, computer, dishes, appliances, clothes, toiletries, groceries, etc.) Then discuss the terms for someone to use them. If you need more space, use the “Additional Notes/Discussion” section at the end of the agreement.

Can be used by roommates:			Can be used by guests:		
Item	Name of Owner	Terms of Use	Item	Name of Owner	Terms of Use
Ex. Dishes		Can be used, but must be washed right after use to prevent dishes stacking up.	Ex. Couch		Guests can use the couch, but must not put their shoes on the couch.

GUEST/VISITORS

Policy Reminder: Overnight guests can stay no longer than three (3) consecutive days and two (2) nights in any given month. Overnight guests must not exceed ten (10) day/night visits per semester.
During the week, we agree to allow guests in our room between the hours of (am - pm) _____.
During the weekend, we agree to allow guests in our room between the hours of (am - pm) _____.
When studying in the room, guest (will or will not) _____ be permitted.
Will guests of a different gender be allowed in the room? _____
Are guests allowed while one of the roommates is sleeping? _____
Will overnight guests be allowed in the room? _____
What form(s) of communication do you agree to use when you would like to ask to bring a guest over to the room? (e.g., calling, texting, talking in-person, etc.) _____.
How much notice do you agree to give each other before inviting a guest over? (e.g., no notice is needed, a few hours notice, a few days notice, etc.) _____.
When a guest is visiting your roommate do you feel comfortable with guest in each other's bed space? _____.
Can guest use the other roommates' belongings? _____

Additional notes on guests:

CLEANLINESS EXPECTATIONS

Keeping your space clean is part of living in a respectful and healthy community. Please be mindful of shared spaces and always clean up after yourself.

Please Note: In the event that your designated area or shared spaces are left excessively dirty upon move-out, you may be charged a cleaning and damage fee. Charges will begin at \$100.00 and may increase depending on the extent of the cleaning required.

Recommended Cleaning Schedule:

Daily	Weekly	Monthly
<ul style="list-style-type: none">• Pick up clothing• Pick up items from the floor• Throw out food waste• Throw out trash at the dumpsters or trash chutes	<ul style="list-style-type: none">• Vacuum, Sweep, & Dust• Wash and change sheets• Laundry• Disinfect counters/desk/and personal items	<ul style="list-style-type: none">• Clean and disinfect mini fridge/microwave• Declutter• Dust and wipe windows and blinds

- 1 - Minimal to no mess (*items are put away and organized in shared spaces, and there is not a mess left behind after use*)
2 - Minimal mess (*most items are put away and organized in shared spaces, and there are a few items that need to be put away in a timely manner*)
3 - Moderate mess (*items do not need to be organized or placed in a specific location, items can be put away at any point in a later time*)

We agree to maintain the following cleanliness level ____ for the room floor.

We agree to maintain the following cleanliness level __ for the entire room.

We agree to vacuum and clean the room on a (*i.e. Daily/Weekly*) _____ basis.

We agree to take out the room trash on a (*i.e. Daily/Weekly*) _____ basis.

We agree to clean out the fridge of old food on a (*i.e. Daily/weekly/bi-weekly/monthly*) _____ basis.

We agree to clean out and wipe down the fridge on a (*i.e. Weekly/bi-weekly/monthly*) _____ basis.

Please explain, in detail, how these tasks will be distributed among all roommates (*i.e. weekly cleaning schedule, weekly rotation of tasks, a scheduled time all suitemates will complete their task*)

Additional notes for Cleanliness expectations:

ADDITIONAL NOTES/DISCUSSION: *If there is anything you and your roommates would like to agree upon that was not listed on the form, please list it below*

EMOTIONAL SUPPORT ANIMAL ACKNOWLEDGMENT

Review the 25-26 ESA agreement with your roommates and RA. Discuss and collaborate on the topics below to create agreed conditions regarding the ESA living in the units.

The 2025-2026 ESA Agreement is linked for your reference.

[2025-2026 ESA Agreement](#)

We, the undersigned roommates, acknowledge that an **Emotional Support Animal (ESA)** belonging to _____ will be present in the shared living unit. This section outlines our mutual understanding and agreement regarding the presence of the ESA to ensure a respectful and comfortable living environment for all residents.

Are there any areas of the living space where the ESA is/ is not allowed? (<i>i.e. on the owner's area of the room. The ESA is not allowed on the bed of other roommates.</i>)
Do all roommates feel comfortable with the ESA approaching them? If not, please explain what the owner will do to prevent this.
How will any noise (barking, meowing, etc.) or disruptions caused by the ESA be addressed?
How will accidental damage caused by the ESA to share property or other roommates' property be handled?
Fill in the blanks to complete the statement: If there is a concern regarding the ESA, we agree to address it with each other through _____ (e.g., call, text, in-person conversation, etc.) within _____ amount of hours.
List any procedures the owner of the ESA will commit to maintain the cleanliness and grooming of the animal. Also include commitment ensure the safety and well-being of all roommates. (<i>i.e. I _____, the owner of the ESA dog, commit to a giving my dog a bath every week. I commit to brushing and grooming my dog everyday to prevent excessive shedding. I will take my dog on a walk twice a day, once before my first class and once after my last class.</i>)

Your signature below indicates and acknowledges that all roommates agree to the conditions stated above. It also indicates that all roommates have reviewed and discussed the ESA Agreement with the Resident Advisor.

Resident 1: _____

Resident 2: _____

Resident 3: _____

Resident 4: _____

Signatures

By signing below, we acknowledge that we have read, understood, and agreed to abide by the terms outlined in this Roommate Agreement.

We understand that this agreement is intended to promote a respectful, cooperative, and comfortable living environment for all roommates. We agree to communicate openly, work collaboratively, and follow the **5 Steps to Resolving Roommate Conflict** if a conflict is to arise.

5 Steps to Resolving Roommate Conflict:

1. *Talk with your roommate*
2. *Seek RA Support*
3. *Be Open to a Roommate Mediation*
4. *Keep your RA Looped in on if Issues Continue*
5. *Speak to Your Area Coordinator*

This agreement is entered into voluntarily by all parties and will remain in effect for the duration of our shared living arrangement, unless modified by mutual consent.

Resident 1: _____

Resident 2: _____

Resident 3: _____

Resident 4: _____

Name of RA Who Facilitated the Agreement: _____

Date: _____