# Roommate Agreement Form

Apartment/Room Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following agreement is a resource to assist roommates to live and learn together, communicate effectively and appreciate personal boundaries/differences to create a positive space for everyone.**

**We hereby agree to the following shared expectations and we agree these expectations will pertain equally to all roommates.**

Safety & Security

Exterior doors will be locked:

[ ] When all roommates aren’t in the apartment

[ ] When one roommate is present in the apartment

[ ] When all roommates are in the apartment

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Connecting Doors will be locked when:

[ ] Washroom is in use

[ ] When leaving the space (exterior door)

[ ] Neither

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Belonging & Shared Space

Room Temperature (day and night) will be kept at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the how to would like to share the following items. Y= Yes, N=No, A= Ask First

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Roommate Names | Food | Dishes | Technology Items | Clothes | Toilet Paper | Hand Soap | Towels |
| Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |

|  |
| --- |
| What expectations do we have for shared spaces? i.e. bathrooms, refrigerator or cupboard? |
|  |

Cleaning

What level of cleanliness is acceptable to each roommate – ‘X’ the applicable level

|  |  |  |  |
| --- | --- | --- | --- |
| Roommate Names | Looks “lived in” | In the middle | Clean (like move-in) |
| Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. |

In addition to the Cleaning Services, we will clean our common space based on:

[ ] A cleaning schedule

[ ] An honour system

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We will be responsible for purchasing cleaning supplies:

[ ] As a shared responsible

[ ] Dividing items between roommates

[ ] Each of us purchases our own supplies

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| How will we ensure cleanliness to prevent any chance of COVID-19 transmission in our space? |
|  |

Study & Sleep

When one of us is sleeping/studying the other(s) may – ‘X’ your agreed to behaviours

|  |  |  |
| --- | --- | --- |
|  | In Share Bedroom Space | In Communal Space |
| During the following:  | Sleeping | Studying | Sleeping | Studying |
| Watch TV | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Listen to music | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Use hair dryer | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Talk on the phone/facetime | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Play Video Games | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Other:  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |

Noise

Reasonable time for the apartment to be quiet at night:

[ ] During the week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] On weekends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reasonable time for the apartment to be quiet in the mornings:

[ ] During the week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On weekends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guests & Socials

In accordance to the current Residence Standards guests and social gatherings are not permitted. Consistent with the federal and provincial direction to increase social distancing, there will be a no guest/visitor policy for all students. Please note that short-term guests who are dropping off or picking up from students are exempt from this policy. We understand the current guest policies and will revisit this topic as a group if restrictions differ throughout the academic year.

[ ]  All roommates understand and will keep each other accountable to maintain community safety

## Addressing Conflict

|  |
| --- |
| Are there any pet peeves or sensitive topics that we feel it is important our roommates know? |
|  |
| How are we going to approach one another if we have concerns or problems? |
|  |
| How will we ensure that health and safety will be maintained in our living space? How will we address non-compliance with COVID-19 protocols? |
|  |
| What other expectations that have not been discussed in the Roommate Agreement? |
|  |

If any of these shared expectations aren’t met, the following steps can been taken:

1. Speak to the roommate about your concerns in a constructive way to resolve the issue
2. Speak to your don for support and tips for roommate conflict resolution
3. Seek a mediated conversation with between your roommates with your don present

Type Name/Student Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type Name/Student Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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