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www.UniversityGreenFSU.com www.RENTinTallahassee.com RENT@1stPrioritySite.com

## **Roommate Matching Form**

Please complete and submit this form to the University Green Leasing Office. Personal and lifestyle characteristics are collected to enable suggested roommate matching if necessary, but roommate compatibility cannot be guaranteed and is not the responsibility of the Owner.

| First Name:   | MI:   | Last Name:                                       |  |              |
|---|---|--|--|--------------|
| Age:  | Gender:   | □ Male □ Fema                                    | le   |              |
| School:   | C ☐ Other (Please S                                 | pecify)  |  |              |
|   |   | uate Student                                     | N/A  | )            |
| Major:  | Do you sm   | oke? ☐ Yes, outsi                                | de only $\square$ No                           |              |
| Do you drink alcohol? ☐ Frequently  | ☐ Occasionally                                      | ☐ Rarely   | ☐ Never  |              |
| How many nights per week do you p   | participate in social ev                            | ents? 🗆 0-2                                      | □ 3-4 □ 5-7                                    |              |
| Do you study at home? ☐ Frequently  | y Dccasionally                                      | ☐ Rarely   | ☐ Never  |              |
| Do you clean your living area? ☐ Fr   | equently  | onally   Rarely                                  | □ Never  |              |
| How would you describe your living  | style? ☐ Messy                                      | ☐ Casual ☐ ☐                                     | Neat   |              |
| What are your sleep habits?   Get   | up early ☐ Stay เ                                   | up late 🗆 Sche                                   | edule varies                                   |              |
| Do you consent to living with pets? *All pet owners need to fill out a pet ad                                       |   |  | wn a pet □N                                    | lo           |
| Do you consent to co-ed (different g  | ender) roommate mat                                 | ching? □Yes                                      | □No  |              |
| Do you grant permission to release  | your contact informati                              | ion to prospective re                            | oommates?   Yes                                | □No          |
| Preferred bedroom*: ☐ 1 ☐ 2   | □ 3 *Room pre                                       | eferences CANNOT                                 | be guaranteed                                  |              |
| Describe your personality, hobbies,   | habits, etc.  |  |  | <del> </del> |
| Requested Roommates:  |   |  |  |              |
| Specify if any of the above informati   |   |  |  |              |
| I allow 1st Priority Management and Roplacement and matching, other than the may attempt to match you with suitable | ealty to release any or s e information specificall | hare the above inforr<br>y noted is not to be re | mation for the purpose<br>eleased. Although ma | e of         |
| Applicant signature   | <br>  |  |  |              |