

**For Office Use Only**

Apt. Type \_\_\_\_\_

Move In Date \_\_\_\_\_



**COLLEGIATE  
VILLAGE**

6 Affinity Lane • Buffalo, NY 14215 • Tel: 716-833-3700 • Fax 716-844-8635 • www.CVWNY.com

## ROOMMATE QUESTIONNAIRE

The purpose of this profile is to help us make the most compatible roommate assignments. All of your information will remain confidential, so please answer the questions (front and back) honestly and thoroughly. Collegiate Village does not guarantee roommate compatibility. Strong roommate relationships are built on trust and a commitment to ongoing communication. Thank you.

### Personal Information

Name: First \_\_\_\_\_ Last \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_\_ E-mail : \_\_\_\_\_

### College Information

College Attending: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major: \_\_\_\_\_ Anticipated Year of Graduation: \_\_\_\_\_

### Questions

1. Do you smoke? (remember that CV apartments are smoke free)  Yes  No
2. How much emphasis do you place on living with students from your own College?  Light  Medium  Heavy
3. How much emphasis do you place on your studies?  Light  Medium  Heavy
4. Do you like music playing in your apartment?  Yes  No  Sometimes
5. Is it important that your apartment is neat?  Yes  No  Sometimes
6. Would you mind if your roommate had visitors to your apartment?  Yes  No  Sometimes
7. Do you classify yourself as a (check one)  Morning person  Afternoon person  Night person
8. Do you suffer from allergies?  Yes  No  Sometimes
9. Would you mind living in an apartment that had a dog?  Yes  No

10. Would you mind living in an apartment that had a cat?  Yes  No

11. Do you plan on using the CV Shuttle?  Yes  No  Sometimes

12. What traits, qualities and/or interests would you like your roommate to have?

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13. Do you have any physical handicaps or medical conditions that you would like us to consider in assigning your room? If applicable, please be specific with regards to allergies (including pet allergies).

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14. Do you have any other comments, specific requests or answers that you want to clarify or emphasize?

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15. ROOMMATE REQUESTS, IF ANY (these students must also request you).

**\*NOTE:** Requests are not guaranteed. If space is available requests will be filled on a first come first served basis.

Roommate 1: \_\_\_\_\_

Roommate 2: \_\_\_\_\_

Roommate 3: \_\_\_\_\_

I give permission for information on this Resident Profile to be used for making roommate assignments. I understand that Collegiate Village does not guarantee roommate compatibility. I also give Collegiate Village the authority to release my contact information to my future roommates for the purpose of coordinating the move-in process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

