

LOOKING FOR A ROOMMATE?

Do you smoke? (NO SMOKING INSIDE APARTMENT)	Yes	No	
Do you have common area furniture? (dining room or living room)	Yes	No	
Would you object to a roommate of the opposite sex?	Yes	No	
Do you have a rank preference for a roommate?	No	(E6-E7) (E8-E9)	
		(O1-O3-W3) (O4-O6-W5)	

APPLICANT INFORMATION	
NAME:	AGE:
SEX:	RANK:
PHONE:	EMAIL:
MOVE IN DATE:	UNIT:

This questionnaire is provided to help us locate others that are looking for a compatible roommate here at Randolph Pointe.

****We will try our best to meet as many of your request to the best of our ability.***

Signature: _____ Date: _____