AUBURN Crossing APARTMENTS

ROOMMATE MATCHING FORM

To assist us in locating the apartment that most closely meets your interests and help us to find compatible roommates, please complete this form thoroughly and honestly.

Circle One:

Furnished
Unfurnished

Circle One:

2 Bedroom
4 Bedroom
Townhouse

Name _____ Age in August 2008 _____ Gender _____

Home Phone # _____ Cell Phone # _____ Email Address _____

Which bedroom do you prefer (please circle)? Four bedroom- A B C D Two Bedroom- A B

For matching purposes, if applicable, what furnishings will you be bringing for the common area?

_____

_____

If you know of anyone that you wish to be matched with, please name them below:

1._____ 2._____ 3._____

High School Attended?_____ College or University you will attend?_____

Year in College/ University _____ Your Major?_____

**********LIFESTYLE**********

	Shy	**1**	**2**	**3**	**4**	**5**	**Out Going**
	Not so Studious	**1**	**2**	**3**	**4**	**5**	**Very Studious**
	Casual	**1**	**2**	**3**	**4**	**5**	**Neat Freak**
	Night Owl	**1**	**2**	**3**	**4**	**5**	**Early Bird**
How often do you party?	**Never**	**1**	**2**	**3**	**4**	**5**	**All the Time**

****OUR APARTMENTS ARE SMOKE FREE****

*****SMOKING IS NOT ALLOWED INSIDE ANY APARTMENT!!*****

Tell us more:

Do you drink alcohol? ____Yes___or No____ (Please circle one) _____

Do you plan on bringing a pet?___ What kind of pet?__Cat Dog (please circle one)

Can you live with a pet? __Yes or No__If yes, what kind of pet? Cat or Dog

What type of music do you like?_____

Hobbies:_____

Pet Peeves:_____

Acceptable Roommates: Males Only?__Females Only?____Doesn't Matter?____

We want you to be involved in selecting your roommates. We cannot guarantee that we will be able to satisfy your every preference, but we will do what we can in placing you in your new home.

Sign below to give us permission to release this information to potential roommates.

_____ _____

Signature *Date*