



Resident Matching Form

Please print and fill out with black/blue pen.

Name: _____ Birth Date: ____/____/____
(Last) (First) (MI) (Suffix) (mm/dd/yyyy)

Home Phone: _____ Cell Phone: _____ E-mail: _____
(Area Code) Number (Area Code) Number

Year in CF: _____ Program of Study/Major: _____

Present Address: _____
Street Apt.# City State ZIP Code

Will be at this Present Address until: _____

Permanent Home Address: _____
Street Apt.# City State ZIP Code

Please indicate your personal preferences or considerations by checking what is applicable:

Smoke ___ Yes ___ No ___ Bothers me if others do
Drink ___ Yes ___ No ___ Bothers me if others do
Quiet ___ Very ___ Average ___ Noisy
Study ___ Often ___ Average ___ Seldom
Neat ___ Very ___ Average ___ Untidy
Room Temperature ___ Cool ___ Warm

I have a ___ Car ___ Motorcycle ___ Bicycle ___ TV ___ Stereo

Other considerations (hobbies, special interests, allergies, etc..)

() Check if College Square has your permission to release information to prospective roommates.

If you have any roommates in mind, please list them:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Applicant's Signature

Date