

**COLLEGE SQUARE APTS
RESIDENT MATCHING FORM**

Name: _____ Age: _____ Male Female

Telephone Number: _____ Cell: _____

College registered in: _____

Year in School: _____ Field or Major: _____

Present Address: _____
Street City/State Zip Code

Will be at Present Address Until: _____

Permanent Home Address: _____
Street City/State Zip Code

Personal Preferences or Considerations:

Smoke	_____ Yes	_____ No	_____	Bothers me if others do
Drink	_____ Yes	_____ No	_____	Bothers me if others do
Quiet	_____ Very	_____ Avg	_____	Not quiet
Study	_____ Often	_____ Avg	_____	Seldom
Neat	_____ Very	_____ Avg	_____	Untidy

Other considerations (hobbies, special interests, etc.)

ESA Yes No Allergies: _____
If yes, provide supporting documentation

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

Do you have any roommates in mind? If so, please list:

Name: _____ Telephone: _____
Name: _____ Telephone: _____

Signature: _____ Date: _____