



Roommate Matching Form

Name _____

Email _____

Cell Phone _____ Male Female

Floor Plan Requested _____

Bedroom Requested _____ Floor Requested _____

Affiliation School of Medicine School of Public Health
 School of Medicine Johns Hopkins Hospital / Employee
 Work In The Area Local College / University
 Other _____

Roommate Gender Male Female Co-Ed/No Preference

I Smoke* Never Occasionally Often

I Drink Never Occasionally Often

I Prefer My Noise Level Very Quiet Average Very Loud

I Keep My Living Space Spotless Pretty Clean Messy

I Study Nonstop Never When I Need To

Sleeping Early Riser Night Owl Get Up When I Need To

I Have Friends Over Hardly Ever Sometimes All the Time

Hobbies _____

Requested Roommates _____

Any Special Considerations? _____

By signing below, you give us permission to release this information to roommates/potential roommates. You also understand these preferences are taken into consideration, not guaranteed, when assigning your space.

Signature _____

Date _____

**The 929 Apartments is smoke-free*