



Student Life Division
Residence Life Department

1717 S. Chestnut Ave.
Fresno, CA, 93702-4709
559-453-2073

For office use only

Date received:
\$200 Deposit: Yes No
Student ID #:

Place Photo
Here

Placement:
Staff Initials:

Housing Application & Roommate Match Form

Priority housing deadline is June 1st

Name Last First Home Phone ( )

Address Cell Phone ( )

City State Zip

Social Security # Male Female Age Birth Date MM/DD/YYYY

Are you a Christian? Yes No Home Church

Are you a New Transfer Returning Student? Are you a Freshman Sophomore Junior Senior

Would you be willing to live with a handicapped student? Yes No With an international student? Yes No

Are you an International/exchange student? Yes No Do you have or are you trying to obtain an F1 VISA? Yes No

If yes, what is your home country?

Mark the following items as honestly as you can. Your response will help us make a better roommate match for you.

INTERESTS:

athletics not much very much 1 2 3 4 5

Which sports?

Drama and/or music not much very much 1 2 3 4 5

What types?

Studying not much very much 1 2 3 4 5

What subjects most interest you?

Describe your personality, hobbies and what you like to do most.

In the event of an emergency who would you like us to contact?

Name Phone Number

Relation to Student Alternative Phone Number

\*\*Note: If you have a preferred roommate, please have them indicate you on their roommate match form.

Name of roommate preference:

Name of roommate preference:

- Please send my contact information to my new roommates.
Please do not send my contact information to my new roommates.

PERSONALITY AND BEHAVIORS:

Do you keep your room? neat sloppy 1 2 3 4 5

Are you shy or outgoing? shy outgoing 1 2 3 4 5

Do you prefer a quiet or noisy environment? quiet noisy 1 2 3 4 5

Structured schedules or take things as they come? structured spontaneous 1 2 3 4 5

Do you go to sleep? early late 1 2 3 4 5

Please tell us what you find important in a roommate. This will help us match you with an appropriate person.

Please note any physical disabilities/medical conditions and if you need special housing arrangements.

Are you on an official FPU varsity athletic team?

Yes No If yes, which one?

Signature:

Date: