

**HOMESHARING:
SAMPLE INTERVIEW QUESTIONS FOR POTENTIAL ROOMMATE**

During the interview, both of you may want to answer these questions for each other. Use and modify this outline as you see fit.

BASICS

Name _____ Age _____ Phone # _____

Email: _____

What's your current living situation? _____

Why are you looking to change it? _____

What are you looking for? _____

When would you need/want to move in? _____

How long do you expect to need/want to live in my home? _____

What are your long-term plans? _____

Now tell the person a little bit about your home, including the neighborhood, but not the address.

YOU

Are you employed? YES ___ NO ___ If so, where? _____

What do you do for fun/activities? _____

Do you smoke? YES ___ NO ___ Are you ok living with a smoker? YES ___ NO ___

Social drinker? YES ___ NO ___ Are you ok living w/Social drinker? YES ___ NO ___

Do you use illegal drugs or allow them to be used in your home by others? YES ___ NO ___

How often do you expect to have guests? _____

Do you expect overnight guests? YES ___ NO ___ If yes, how often? _____

What time do you generally wake up in the morning? _____ What time do you generally go to bed at night? _____

Have your own television? YES ___ NO ___ Stereo? YES ___ NO ___ Do you ever play loud music? YES ___ NO ___

What's your tolerance for noise? _____

Do you drive? YES ___ NO ___ Do you have a vehicle? YES ___ NO ___

How much space do you need? _____

Would you need/want to bring furniture? _____

How much storage space would you need? _____

(If applicable) Are you willing to share: Bathroom? YES ___ NO ___

Laundry Machines? YES ___ NO ___

Kitchen and Kitchen Utensils? YES ___ NO ___

Telephone? YES ___ NO ___

Other Living Space? (Identify) YES ___ NO ___

Internet/Computer? YES ___ NO ___

Automobile? YES ___ NO ___

Other? _____ YES ___ NO ___

Do you have difficulty with stairs (if applicable) and/or need any accommodation? YES ___ NO ___

If yes, explain what you may require to accommodate your tenancy _____

Do you have pets? _____ Are you OK living with pets? _____

FOOD

What type of food do you typically eat? _____

Do you have any important food needs or allergies? (e.g. vegetarian or kosher household, nut allergies)
YES ___ NO ___ If yes, please explain _____

Would you be interested in sharing any food items or cooking together occasionally? YES ___ NO ___

SERVICES & CASH

I charge \$ _____ per month/week for **rent** and \$ _____ per month/week for **utilities**

(or, alternatively, explain how utilities are to be handled). Is that in your budget? YES ___ NO ___

Are there any other expectations of companionship or services? _____

Are you interested in receiving a discount in rent for performing chores, housekeeping, providing rides to appointments and/or church, etc.? YES ___ NO ___ (If yes, explore further:) _____

How do you propose to share, if applicable, some or all of the following:

Housekeeping (specify) _____

Cooking _____

Meal planning _____

Errands/ Shopping _____

Lawn work _____

Laundry _____

Snow shoveling _____

Reminding of medication _____

Other _____

ARE YOU WILLING TO PROVIDE REFERENCES?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

OTHER

Is there anything else I should know about you and your needs to help me determine whether we should enter into an agreement to share my home?

Thank you.