

MADE Student Housing Questionnaire

WOULD YOU LIKE TO REQUEST A SINGLE ROOM?

Yes No

DO YOU HAVE A ROOMMATE REQUEST?

Yes No

If yes, please submit the following information:

First Name:

Last Name:

Home Institution:

Email:

Phone Number:

DO YOU HAVE A HOUSEMATE REQUEST?

Yes No

If yes, please submit the following information:

First Name:

Last Name:

Home Institution:

Email:

Phone Number:

ACCOMODATION

I have a medical condition that necessitates certain housing requirements.

Yes No

If yes, please specify here:

Do you have any food allergies?

Yes No

If yes, please specify here:

GENDER

Which housing configuration(s) do you feel comfortable living in? (select all that apply)

- Single-Gender: One gender per room and unit.
- Mixed Gender: Single-gender rooms, shared facilities
- Gender-Inclusive: Open to all gender identities.

SMOKING

- I never smoke or vape
- I smoke or vape occasionally
- I smoke or vape frequently

CLEANLINESS

I tend to keep my room:

- Neat
- Average
- Messy

A clean and organized living space is:

- Not important to me
- Somewhat important to me

Very important to me

DAILY HABITS

During the week, I typically start my day around:

7am or earlier 8-9 am 10-11 am Noon or later

During the week, I typically go to bed around:

9 pm 10 pm 11 pm Midnight 1 am or later

Over the weekend, I typically start my day around:

7 am or earlier 8-9 am 10-11 am Noon or later

Over the weekend, I typically go to bed around:

9 pm 10 pm 11 pm Midnight 1 am or later

I see my living space as:

- A quiet place to relax and study
- A fun place to hang out with friends
- A combination of both

Is there anything else you want to share with us regarding your MADE housing needs and/or preferences?