PLEASE PRINT OR TYPE CLEARLY

PERSONAL INFORMATION:

Your Gender: Male ______ Female ______

Contact: First Name: __________________________ Last Name: __________________________

Grade Level: Freshman ______ Sophomore ______ Junior ______ Senior ______ Grad ______ None ______

Email: (optional) ____________________________________________________

Phone: Day (__________) __________________________ Evening (__________) __________________________

LISTING INFORMATION

Max Rent $ __________ Max miles to UCLA: ______ Date Needed __________/__________/__________

PREFERENCES

Prefer to live with: Male ______ Female ______ Either ______ Prefer to live in: Apartment ______ House ______ Either ______

I need my own room: Yes ______ No ______ Either ______ I need my own bath: Yes ______ No ______ Either ______

I smoke: Yes ______ No ______ Wheelchair accessible required: Yes ______ No ______ I have a pet: Cat ______ Dog ______ None ______

I tolerate drinking environment: Yes ______ No ______ I tolerate smoking environment: Yes ______ No ______

Please sign disclaimer below

UCLA COMMUNITY HOUSING OFFICE

These listings are provided as a free service. The UCLA Community Housing Office does not investigate, endorse, or guarantee the tenantability of the listing, or the suitability of those responding to the listing. We reserve the right to remove or withhold any listing or edit it for content.

1. **Roommate Available Listings are posted for 30 days.**
   They may be canceled by phone, fax or email.

2. **All notices must be signed.**
   State, local, and University policy prohibits discrimination on the basis of race, color, religion, national origin, sexual orientation, physical disability, age, marital status, veteran status, student status, source of income or medical condition.

3. **BY FILLING OUT THIS FORM YOU ARE GIVING YOUR CONSENT TO POST ALL INFORMATION ON OUR ONLINE DATABASE.**

Please check the appropriate choice. (Used for statistical purposes only)

You are: **UCLA Student _____ Staff _____ Faculty _____ Other _____**

_________________________  _______________________
Signature                      Date