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.