



RESIDENT PROFILE

Preferred Unit Type: 2 Bedroom 4 Bedroom

Name: _____

Current Address: _____ (Street Address) (City) (State) (Zip)

Living at Current Address Until? _____ Cell Number: _____

Permanent Address: _____ City/State/Zip: _____

Permanent Phone: _____ Gender: Male Female Age: _____

Email Address: _____ Date of Birth: _____

Preferable Method of Contact: Email [] Phone [] Facebook []

School Attending at Time of Occupancy: _____ Major: _____

Classification at Time of Occupancy: FR SO JR SR Grad

Employed? YES NO If so, please list: _____ Hours per week: _____

Roommate Gender Preference: Male Female Co-Ed

Circle the indicator that most accurately describes your personality:

Table with 7 rows of personality indicators (Neatness, Personality, Focus, Visitors, Activity Level, Drink, Smoke) and 5-point scales.

If you smoke, will you only smoke outside? YES NO

Do you plan to have any pets: YES NO If so, please list type: _____

Pet Allergies: YES NO Do certain pets bother you: YES NO If so, please list: _____

Floor Preference: 1st 2nd 3rd

Describe Hobbies, Interests, Club/Organizations, Other Considerations or Special Requests:

Describe Yourself:

List 3 traits / characteristics you look for in a roommate

Roommate Request

1. Name: _____	Phone#: _____
2. Name: _____	Phone#: _____
3. Name: _____	Phone#: _____
4. Name: _____	Phone#: _____

I understand that this information will be used for making roommate assignments and will be released to prospective roommates. Additionally, I have been truthful in completing all information provided above.

I further understand that I am not guaranteed an apartment assignment with individuals who share my exact preferences. I acknowledge and understand that neither Cape Trails Apartments, LLC nor any related or affiliated Agents shall be liable for any personal conflict of Tenant with co-tenants, Tenant's guests or invitees, or with any other tenants that reside at Cape Trails Apartments, LLC regardless of whether or not Cape Trails Apartments, LLC or any related or affiliated Agents played a role in the selection or determination of co-tenant(s) residing within and the same apartment and sharing common areas with the Tenant. Therefore, a conflict between tenants does not constitute grounds for Tenant to terminate this Lease. Neither Cape Trails Apartments, LLC nor any related or affiliated Agents shall be liable for any death, injury, damage or loss to person or property, including, but not limited to, any death, injury, damage or loss caused by burglary, assault, vandalism, theft or any other crimes, negligence of others, wind, rain, flood, hail, ice, snow, lightening, fire, smoke, explosions, natural disaster or other acts of God, or any other cause beyond the reasonable control of Cape Trails Apartments, LLC and its related or affiliated Agents; and Tenant hereby expressly waives all claims for such death, injury, damage or loss regardless of whether or not Cape Trails Apartments, LLC and its related or affiliated Agents played a role in the selection or determination of co-tenant(s) residing within and the same apartment and sharing common areas with the Tenant. Tenant agrees to indemnify, defend and hold harmless Cape Trails Apartments, LLC and its related or affiliated Agents and their respective officers, directors, shareholders, members, managers, agents, employees, heirs, beneficiaries, legal representatives, successors and assigns, from any and all liabilities, claims, suits, demands, losses, damages, fines, penalties, fees, costs or expenses (including, but not limited to, reasonable attorneys' fees, costs and expenses if permitted by Prevailing Law) arising by reason of any death, injury, damage or loss sustained by any person, including Tenant and Tenant's guests and invitees.

Signature

Date

Office Use Only:

Preferred Unit Type: _____

Assigned Unit & Bedroom: _____