



UH Off-Campus Housing Referral Program

2569 Dole Street, Honolulu, HI 96822 PH: 956-7356 FAX: 956-6732 och@hawaii.edu

For Office Use Only:

Listing ID: _____

Post Date: _____

ROOMMATE AVAILABLE LISTING FORM

Personal Information

Name: _____ UH username: _____ Today's Date: _____

Mailing Address: _____ City: _____ Zip Code: _____

Phone(s): _____ (day) _____ (eve) Email Address: _____

Gender: Male Female Grade Level: Freshman Sophomore Junior Senior Grad N/A

Preferences

Date Needed: _____		Max Rent Amount \$ _____/month	Max Miles _____ From Campus	
Housing Type: <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Duplex <input type="checkbox"/> Efficiency <input type="checkbox"/> Guest House <input type="checkbox"/> House <input type="checkbox"/> Studio <input type="checkbox"/> Townhouse	Prefer to live with:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Either
	Prefer to live in:	<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Either
	I need my own room:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Either
	I need my own bathroom:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Either
	I need smoking allowed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Wheelchair access required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	I have a pet:	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> None
	I tolerate drinking environment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	I tolerate smoking environment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Additional Comments/Descriptions (max 250 characters):



If you would like to attach a **picture** (.jpg or .gif only) to your ad, please **email** it to och@hawaii.edu.