

Phone: (701) 237-3369  
 FAX: (701) 365-0088  
 www.cpbusmgt.com  
 Office: 1010 Main Avenue  
 Fargo, ND 58103  
 (drop box open 24/7 in back of building)



Deposit \$ \_\_\_\_\_  
 Monthly Rent \$ \_\_\_\_\_  
 Property Manager: \_\_\_\_\_

**\$35 Application Fee due immediately\*** \*per person over age 18, unless legally married

Property Name: \_\_\_\_\_ Address: \_\_\_\_\_ Unit: \_\_\_\_\_ **MOVE IN DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name:** (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_  
 Maiden or other names you have had \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc Sec # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Current Phone # \_\_\_\_\_  
 DL # \_\_\_\_\_ State \_\_\_\_\_ EXP \_\_\_\_\_ E-Mail: \_\_\_\_\_

**List any other person to occupy residence**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

**IN AN EMERGENCY Notify** \_\_\_\_\_ **relation:** \_\_\_\_\_ **Current Phone #** \_\_\_\_\_

**RESIDENCE HISTORY** 2 addresses required

*Present Address* \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 How Long: \_\_\_\_\_ LandLord/Owner \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Reason for moving: \_\_\_\_\_

*Previous Address* \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 How Long: \_\_\_\_\_ LandLord/Owner \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Reason for moving: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Current Employer \_\_\_\_\_ Position \_\_\_\_\_ Ph. # \_\_\_\_\_

How long (mo/yr) \_\_\_\_\_ Salary/Hourly wage \_\_\_\_\_ Hours per week \_\_\_\_\_ Yearly Income \_\_\_\_\_

Current Employer \_\_\_\_\_ Position \_\_\_\_\_ Ph. # \_\_\_\_\_

How long (mo/yr) \_\_\_\_\_ Salary/Hourly wage \_\_\_\_\_ Hours per week \_\_\_\_\_ Yearly Income \_\_\_\_\_

Have you ever been convicted, plead guilty or "no contest" of a felony? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever been convicted, plead guilty, non-guilty or "no contest" of a misdemeanor? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever had a deferred sentence or a charge removed from your record? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you have any pets? If so, what type and how many: \_\_\_\_\_ yes \_\_\_\_\_ no

Have you recently applied with another management company? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever received a notice to vacate or been evicted? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you owe a management company money? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you smoke? \_\_\_\_\_ yes \_\_\_\_\_ no

**AUTHORIZATION FOR RELEASE OF INFORMATION- POLICY STATEMENT**

All prospective tenants applying for a property owned or managed by CP BUSINESS MANAGEMENT are asked to give authorization for the release of all information, including private/nonpublic information, from previous landlords, management companies, local & national credit reporting companies and governmental agencies (including law enforcement agencies) concerning the applicant's rental and financial history and any and all information maintained by law enforcement agencies included but not limited to applicant's criminal history.

**PROCEDURE STATEMENT**

For an application fee of \$35 all applicants will be screened and their rental, credit and criminal histories will be considered as part of the approval process. This information will be used by the authorized agent **solely** for purpose of assessing the applicant's suitability for occupancy. I hereby authorize CP BUSINESS MANAGEMENT to obtain any and all information pertaining to my rental and criminal history from government agencies, including private/nonpublic information, maintained by law enforcement agencies, including but not limited to my criminal history, for the purpose of reviewing my rental application. I recognize that this application for an apartment is subject to acceptance or rejection, and will be kept on file for re-qualification. I give permission to run credit, criminal and employment histories after the initial application date for the purpose of reviewing accounts, collections and/or re-qualification. I hereby state that the information set forth above is true and complete and authorize verification of the information and references given. Should any statement made above be a misrepresentation or untrue, contract can be revoked by management. If applicant is not accepted as a resident, the deposit will be returned. If application is accepted and applicant fails to occupy said residence, the deposit will be forfeited to cover any expense incurred by the landlord for loss of rent until residence is re-rented and/or advertising and management's obligation to their owner to rent to a qualified applicant.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Co- Applicant

\_\_\_\_\_  
 Date

OFFICE USE ONLY: DLE-Verified by: \_\_\_\_\_

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# RESIDENTIAL SERVICE APPLICATION FOR NEW OCCUPANTS

Welcome to Xcel Energy. We look forward to serving your energy needs. Please fill out the application below and return it to us immediately for the processing of your information. If applicable, any service fees and/or deposits will invoice on your first statement.

*In order to protect your identity and be compliant with Federal Trade Commission Rules, we will be asking you for your Social Security number, driver's license number or in state-issued ID. This information is used by Xcel Energy generally for identification purposes, such as to verify your identity when setting up an account or to verify your identity when later discussing information with you related to your account.*

Date to start billing at your new address \_\_\_\_\_

Owner/Property Manager Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

### Customer Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Driver's License or State ID Number \_\_\_\_\_

#### Phone

Home E-mail Address \_\_\_\_\_ Home ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_

Cell ( \_\_\_\_\_ ) \_\_\_\_\_

### Additional Customer Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Driver's License or State ID Number \_\_\_\_\_

#### Phone

Home E-mail Address \_\_\_\_\_ Home ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_

Cell ( \_\_\_\_\_ ) \_\_\_\_\_

### Service Information

Previous Address \_\_\_\_\_

Do we need to end billing at previous address?  yes  no If yes, what date is this effective? \_\_\_\_\_

New Service Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Mailing address if different \_\_\_\_\_

### Regarding Deposits

In Colorado, Texas and New Mexico our customers may be required to pay a deposit. We will hold the deposit until you have made twelve months consecutive on time payments or if the account is closed. You have the option for us to run a credit check to see if the deposit can be waived. If you would like us to run a credit check you must initial here, sign below and provide your Social Security number in the space provided above. Initial \_\_\_\_\_

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/Property  
Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note:** If Xcel Energy is backdating the request to start service, the tenant must sign and date this form or the request can not be processed. We will also require the tenant signature if they are requesting we run a credit check.

Xcel Energy 24-hour Residential Service: **1-800-895-4999** | Residential Service Fax: **1-800-895-2895**