

Phone: (701) 237-3369
www.cpbusinessmgmt.com
Office: 1405 1ST Ave N (entry is East side on 14th Street)
Fargo, ND 58102(drop box open 24/7)



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: _____ A D



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**