



# CRAIG PROPERTIES, LLC.

Phone: (701)232-1355

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www.craigprop.com

OFFICE: 1405 1st Ave N

Fargo, ND 58102 (drop box open 24/7)

Rent \_\_\_\_\_

Sec Dep \_\_\_\_\_

Date/Time \_\_\_\_\_

## \$35 Application Fee due immediately\*.

\*per person over age 18, unless legally married

Building Name: \_\_\_\_\_ Address: \_\_\_\_\_ Unit: \_\_\_\_\_

### PERSONAL INFORMATION

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 residents that will reside in the apartment:**

Name: \_\_\_\_\_ relation: \_\_\_\_\_

Name: \_\_\_\_\_ relation: \_\_\_\_\_

Name: \_\_\_\_\_ relation: \_\_\_\_\_

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 \_\_\_\_\_ How long \_\_\_\_\_ mo/yr Annual Salary \_\_\_\_\_ Ph. # \_\_\_\_\_

Current Employer \_\_\_\_\_ Position \_\_\_\_\_ How long \_\_\_\_\_ mo/yr Annual Salary \_\_\_\_\_ Ph. # \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ 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

To the best of my knowledge, the information herein contained is true, any false statements will result in a denial. I understand that by signing this form, I am granting Craig Properties, LLC. permission to verify my credit history, resident history, employment (including but not limited to hourly/salary wage, date of hire) and any other lawful reasoning required for the processing of this application.

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Applicant **Within 24 hours of approval, you must submit the security deposit and sign a lease in order to secure the apartment. If you are unable to secure the apartment, it will become available for others to view and apply.**

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Applicant Please initial that you understand this policy.

DLE-Verified by: \_\_\_\_\_ A D LS \_\_\_\_\_

# 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 Craig Properties Phone ( 701 ) 232-1355

### 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**