



# Multi-Family Partnership Program - Program Enrollment Form

Please fill out this form carefully and completely. Forms must be filled out completely in order for the request to be processed. Incomplete forms will not be processed.



**Change of Ownership**

The previous owner was enrolled in MPP and this form is being submitted within 10 business days of the date of sale. Proof of date of sale will be required.

**New Enrollment**

The property is not currently enrolled in the MPP program, or more than ten days have passed since the property was purchased. You will be assessed an enrollment fee of \$20.00 per unit being enrolled.

Owner's Legal Name :

Owner's Federal Tax ID Number:

Property Name:

Number of Apartment Units:

Effective date of sale (if Applicable):

Service Address (The address where power is being provided):

Billing Address (The address where bills are to be mailed):

Indicate Business Type Below  
(Please check all that apply below)

Include the following documentation for each business type  
(Please check the documentation that you are providing)

Sole Proprietorship, DBA Partnership, or DBA



Social Security Number  
 Copy of Drivers License

Limited Partnership, Corporation, Limited Liability Partnership, Limited Liability Company, or Non-Profit Corporation



Federal Tax Identification Number  
 Copy of SS4 or 1120 Form

If this is a change of ownership you must also include the following



Proof of Date of Sale

If this property is managed by anyone other than the owner you must include the following



First page and signature page of the Management Agreement

All new enrollments: I acknowledge that a fee of \$20.00 per unit will appear on my first bill. I know that I may also be assessed a deposit, based on my previous credit history, which will be added to one of my common meters.

### Primary Contact For The Property

This should be the person handling the day to day operations of the property

Name of Contact:

Contact Phone Number:

Contact Mailing Address:

Contact FAX Number:

Contact Email:

### Authorized Representatives

Anyone listed below will have access to your account information

Agent #1 (Primary):

Agent #2:

Agent #3:

Signature of Primary Agent/Owner:

Printed Name of Agent/Owner: