



Applicant Acknowledge Form

Four Direction Dwellings, Lutsen, MN

Please read the below, check each box, sign, and return with your application:

- Four Direction Dwellings is Workforce Housing and requires I meet and maintain eligibility requirements.
 - At least one adult occupying the unit must currently work full-time in Cook County, MN or have a full-time job offer to work in Cook County**
 - Rental unit must be occupied on a permanent, year-round basis**
- All questions on the *Rental Housing Application* must be answered and only complete, signed, and dated applications can be accepted.
- A **\$55 Application Fee** made payable to “Four Direction Dwellings” in the form of a check is required for my application to be processed. I understand that this Fee is non-refundable and covers the cost of the required third-party screening.
- All 3 pages of the *Applicant Screening Form* and *Screening Release Form* must be completed. Applicants will be screened by Tenant Check Screening Services 651-224-3002 according to the property’s *Tenant Selection Plan (TSP)*. I understand I may request a copy of the TSP.
- I understand that any additional household members over 18 years of age will also need to be screened and pay a \$55 screening fee.
- I need to submit all 4 items for my Application Packet to be accepted:
 1. Applicant Acknowledgement Form (1 page)
 2. Housing Rental Application (2 pages)
 3. Applicant Screening Forms & Screening Release Form (3 pages)
 4. \$55 Application Fee check
- Complete Application Packets should be mailed to:

Odyssey Operating Company, LLC
PO Box 1081, Grand Marais, MN 55604
- Applications will be processed in the order that they are received. Application processing takes approximately 7-10 days.

Applicant Signature

Date

Please contact Jennifer Kennedy of Odyssey Operating Company, LLC at 218-728-8060 x129 or via at jenniferk@odysseyresorts.com with any questions.





Rental Housing Application

Four Direction Dwellings, Lutsen, MN

Personal Information

Full Name _____ Birth Date _____

Social Security # _____ Driver's License # / State _____

Phone # _____ Email _____

Do you need an Accessible Unit? _____ Preferred Move-In Date _____

Have you ever been convicted of a felony? Yes No

If yes, when & why _____

Additional Occupants

Full Name - First, Middle, Last	Birth Date	Relationship to You
2.		
3.		
4.		

Rental History

Please list your three most recent addresses or from past five years.

	Current Address	Previous Address	Previous Address
Street Address / Unit No.			
City, State, Zip			
How long at this address			
Manager/Owner Name			
Manager/Owner Phone			

Have you ever been evicted? Yes No

If yes, when & why _____





Employment History

Please list employment from past five years & other sources of income.

	Current Employer	Previous Employer	Previous Employer
Employed by			
Position			
Dates of Employment (From..To)			
Monthly Income			
Name of Supervisor			
Supervisor's Phone #			
Address - Street, City, State, Zip			

Additional Income Sources

Type	Monthly Income	Name of Provider	Address - Street, City, State, Zip	Phone #

Have you ever filed for bankruptcy? Yes No

If yes, when & why _____

Other Information

Do you have any pets? Yes No

If yes, please list type, breed & approximate weight _____

How did you learn about us? _____

Agreement & Signature

I understand that any false statements or misleading information will lead to rejection of an application or termination of tenancy after occupancy. Complete applications will be placed on the waiting list in chronological order based on the time and date a complete application is received by Odyssey Operating Company, LLC. I understand that this is an application for an apartment and does not constitute a rental or lease agreement in whole or part. I further understand that there is a non-refundable application fee to cover the cost of required applicant screening and I am not entitled to a refund.

Return Application Packet to: Odyssey Operating Company, LLC., PO Box 1081, Grand Marais, MN 55604

Signature _____ Date _____





Four Direction Dwellings - Odyssey Operating Company, LLC 218-728-8060 x129

Owner or Apartment Complex Name and Phone Number	Expected Move In Date
11 Alta Miikana Road, Unit _____, Lutsen, MN 55612	1 bed \$930, 2 bed \$1290 \$55.00
Rental Address and Unit Number	Rent Amount Screening Fee

ONLY ONE PERSON PER FORM. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

APPLICANT INFORMATION

Applicant FULL Legal Name (Last, First and Middle)	Date Of Birth	Social Security Number
List All Nicknames, Maiden Names, Former Names, etc.	License Or ID Number	

ADDRESS HISTORY

Present Address (Street, Apartment Number, City, State, Zip)	Move In Date	Move Out Date
Present Landlord / Manager / Apartment Complex	Landlord Phone Number (Landline If Possible)	
Relationship To Landlord	Rent Amount	Reason For Leaving

Previous Address (Street, Apartment Number, City, State, Zip)	Move In Date	Move Out Date
Previous Landlord / Manager / Apartment Complex	Landlord Phone Number (Landline If Possible)	
Relationship To Landlord	Rent Amount	Reason For Leaving

If Neither OF Your Current And Previous Addresses Are Rental, Please List The Most Recent Rental.

Previous Address (Street, Apartment Number, City, State, Zip)	Move In Date	Move Out Date
Landlord / Manager / Apartment Complex	Rent Amount	Landlord Phone Number (Landline If Possible)

EMPLOYMENT HISTORY

Current Employer / Agency / Source Of Income

Hire Date

Position

Company Address

Company Phone Number (No Cell Phone Numbers)

Monthly Salary Or Hourly Rate

Hours Per Week

Full Time / Part Time / Temp

Supervisor's Name

Additional Sources Of Income

Phone Number

Amount Per Month

Previous Employer

From - To

Phone Number

Position

Additional Monthly Expenses (Child Support, Medical Bills, etc.)

Banking Information (Name, Branch Location)

Account Type

Account Number

ADDITIONAL INFORMATION

Have You Ever Filed Bankruptcy? Yes No

Do You Have Any Pets? Yes No

Have You Ever Been Arrested Or Charged With A Crime Other Than A Traffic Violation? Yes No

Have You Ever Been Evicted / Been Asked To Vacate / Not Paid Rent When Due? Yes No

Have You Ever Resided In Another State? Yes No **When and Where?** _____

Name And Address Of Closest Relative

Phone Number

Name And Address Of Person To Contact In Case Of Emergency

Phone Number

List All Occupants

Name

Age

Relationship

Name

Age

Relationship

Name

Age

Relationship

RELEASE

I understand and agree that this application is not a lease and that it may be accepted or rejected by the Lessor. I hereby authorize the Lessor and/or Twin City Tenant Check, Inc. to obtain any and all information available from any organization for the purpose of review of my credit, criminal, rental and employment history. This may include, but is not limited to, consumer credit reports, salary, any additional income sources, reason for termination of employment and/or residency, and public records held by government agencies. I also authorize any organization, including but not limited to landlords, employers, credit bureaus and government agencies, to release requested information to Twin City Tenant Check, Inc. I certify the above information is true and complete to the best of my knowledge and understand that any false or misleading information may be grounds for rejection of this application or termination of lease.

Signature of Applicant _____ Date _____

Printed Name Of Applicant _____ Email Address _____

Home Phone Number _____ Daytime Phone Number _____ Cell Phone Number _____

Auto Make / Model / Plate Number _____ Auto Make / Model / Plate Number _____

APPLICANT : PLEASE DO NOT RETURN THE COMPLETED APPLICATION DIRECTLY TO TWIN CITY TENANT CHECK, INC. WE CAN ONLY ACCEPT AN APPLICATION FROM OUR CLIENTS.

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