## Thomas J. Wojnar Parkview Apartments

104 Lewis St Buffalo NY 14206

## \*\*SENIOR APARTMENT BULIDING\*\*



| WAIT LIST APPLICATION  |  |                             |                                |
|--|--|-----------------------------|--------------------------------|
| Name(s):   |  |                             |                                |
| Telephone Number: ()   |  |                             |                                |
| E-Mail Address:  |  |                             |                                |
| Birthdate of Primary Applicant:/ Birthdate of Secondary Applicant:/  |  |                             |                                |
| Current Street Address:  |  |                             |                                |
| City, State & Zip: Do you currently Own or Rent?   |  |                             |                                |
| Number of People to Live in Unit: MONTHLY Income (from all sources):   |  |                             |                                |
| Do you have any service animals?  No, Yes, what kind and how many?   |  |                             |                                |
| Lt. Col. Matt Urban Human Services Center of WNY operates these apartments. This is an income eligible senior citizen complex for those aged 62 plus. There is a Waiting List for these apartments. I would like to be placed on that list, if I am eligible. I understand that this is a "first come, first served" list. |  |                             |                                |
| Signature:   |  | Date: _                     | /                              |
| The following section is voluntary. This information (or absence of) will not affect the processing or outcome of your application.  |  |                             |                                |
| ☐ Black or African American ☐ Hispanic or Latino ☐ White ☐ Native American or American Indian ☐ Asian or Pacific Islander ☐ Other  |  |                             |                                |
| Office Use Only:   |  |                             |                                |
| Date Received:/ Received by:<br>Date Recorded:/ Recorded by:   |  |                             |                                |
| ensure you an equal opport   | nan Services Center of WNY is<br>unity to live in housing you d<br>ties, national origin, marital st | esire and can afford regard | lless of race, color, familial |
| Rejected from waitlist   | Removed from waitlist  | O Approved for unit         | Date of Action                 |
| Over Income Under Age Occupancy Limit Decease  |  |                             | //                             |