

**Thomas J. Wojnar Parkview Apartments**

104 Lewis St  
Buffalo NY 14206



*Lt. Col.*

**MATT URBAN**

*Human Services Center of Western New York*

**WAIT LIST APPLICATION**

Name(s): \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Birthdate of Primary Applicant: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthdate of Secondary Applicant: \_\_\_\_/\_\_\_\_/\_\_\_\_

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 pets?  No,  Yes, if so, 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 ages 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: \_\_\_\_\_

Date Recorded: \_\_\_\_/\_\_\_\_/\_\_\_\_

Recorded by: \_\_\_\_\_



*The Lt. Col. Matt Urban Human Services Center of WNY is an equal housing opportunity organization. We strive to ensure you an equal opportunity to live in housing you desire and can afford regardless of race, color, familial status, religion, sex, disabilities, national origin, marital status, age, and sexual orientation.*