

MARYVALE EAST SENIOR APARTMENTS

100-120 Moorman Drive
Cheektowaga, NY 14225

Phone (716) 681-5061
Fax (716) 683-5123
www.maryvaleeast.com

MARYVALE EAST SENIOR APARTMENTS located at 100-120 Moorman Drive, Cheektowaga, NY is now accepting applications for tenancy in newly rehabilitated units.

Rent: Efficiency/Studio @ \$500.00/month
1-Bedroom @ \$575.00/month
2-Bedroom @ \$685.00/month
Includes All utilities; excluding cable/satellite and telephone service

All apartments at Maryvale have been completely remodeled and are equipped with new and modern appliances.

The complex offers a variety of amenities not found in Western New York in Low-Income Senior Housing including, but not limited, to the following:

Maryvale is a Low-Income Tax Credit Housing Project. All residents must qualify before occupancy. Eligibility criteria are as follows:

AGE: Single applicant must be 60 years or older.
In case of a married couple, only one must be aged 60 or over.

INCOME: Single applicants must have income under \$28,680.00/year.
Couples applying must have combined income under \$32,760.00/year.

- Covered Parking
- Unisex Hair Salon
- Supervised Craft Program
- Exercise Room
- Library/Media Room
- Game Room
- Planned Activities
- Van Service for Shopping and Planned Trips
- Erie County Nutrition Site
- Private Apartment Entrances
- Pet Friendly ó Restrictions Apply

Please complete the attached application and return to the rental office or mail to the above address.

Thank you,

Christine Friol
Operations Manager



**RENTAL APPLICATION FOR
MARYVALE EAST SENIOR HOUSING**

NAME: _____ SOC. SEC. #: _____

CO-APPLICANT: _____ SOC. SEC. #: _____

ADDRESS: _____

_____ TELEPHONE #: _____

DATE OF BIRTH: _____ CO-APPLICANT BIRTH DATE: _____

DO YOU OWN: _____ DO YOU RENT: _____ EXPIRATION OF LEASE: _____

DESIRED OCCUPANCY DATE: _____ NO. OF BEDROOMS: _____

CURRENT LANDLORD'S NAME: _____ PHONE #: _____

This Senior Complex is a low-income housing project. The questions below must be completed to further evaluate your eligibility.

PLEASE LIST ALL SOURCES OF INCOME:

SOCIAL SECURITY: \$ _____ PENSION: \$ _____

SUPPLEMENTAL SECURITY: \$ _____ UNEMPLOYMENT: \$ _____

INTEREST FROM SAVINGS: \$ _____ DISABILITY: \$ _____

PUBLIC ASSISTANCE: \$ _____ OTHER: \$ _____ TOTAL AMOUNT: \$ _____

DO YOU HAVE A HANDICAP REQUIREMENT: _____

ARE YOU A SMOKER: _____ DO YOU DRIVE: _____

ARE YOU A PET OWNER / TYPE OF PET: _____

PERSON TO CONTACT IN AN EMERGENCY: _____

ADDRESS: _____ PHONE: _____

I swear to the best of my knowledge that the information provided above is true, and I give my permission for Maryvale East Management Corporation to verify any information on this application.

ALL INFORMATION IS STRICTLY CONFIDENTIAL.

SIGNATURE: _____ DATE: _____

PLEASE RETURN APPLICATION TO:
MARYVALE EAST SENIOR APARTMENT COMPLEX
100 Moorman Drive
Cheektowaga, New York 14225
Phone (716) 681-5061 or Fax (716) 683-5123

