

Studio



Apartment No. _____ Apartment Rate _____

Notes _____

Name _____ Date _____

Expires _____

Atria NEW CITY

845.709.8844 | AtriaNewCity.com

Provision of Assisted Living Services will commence upon final approval of licensure by the New York State Department of Health in 2020. All rates are subject to change.

One Bedroom



Apartment No. _____ Apartment Rate _____

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Shared Suite



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One Bedroom



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Two Bedroom



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Memory Care Studio



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Memory Care Shared Suite



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