

# Financial App Form

## Page 1

**Name:** Brian Johnson

**Name of the nursing home:** Gowanda

**Date Of Birth:**

**What is your Medicaid ID #:**

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### Your Home Address

**Street Address:**

**Address Line 2:**

**City:**

**State/Region/Province:**

**home\_postal\_zipcode:**

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### Spouse

**spouse info:** Never married

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### Demographics

**you selected:**

**Employment status:** retired

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### Real Estate and Vechicles your home info within the past 5 years

**Renting:** Yes

**Rent:** 550

**your monthly bill:** N/a

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### Insurance Info

**Name of Homeowners insurance:**

**Have Medicare:** Yes

**Have Medicare Replacement (Like UHC Medicare):** Yes

**Medicare #:**

**HMO Name and ID #:**

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### Your Income Info Social Security

**Name of payer:**

# Financial App Form

**Amount:** 1000

**Frequency:** Monthly

## Pension

**Name of payer:**

**Amount:**

**Frequency:**

## Pension

**Name of payer:**

**Amount:**

**Frequency:**

## Annuity

**Name of payer:**

**Amount:**

**Frequency:**

## IRA distribution

**Name of payer:**

**Amount:**

**Frequency:**

## Stock Dividends

**Name of payer:**

**Amount:**

**Frequency:**

## TRUST INFO

**Trust name:**

**Garantor:**

**Trustee:**

**Amount:**

## Your Investments Stocks

**Company Name:**

# Financial App Form

**Approx. Value:**

## Bonds

**Company Name:**

**Approx. Value:**

## Annuity

**Company Name:**

**Approx. Value:**

## IRA

**Company Name:**

**Approx. Value:**

## Banking info

### Bank #1

**Bank:** Key Bank

**Account #:**

**\$ Amount:** 15000

**bank\_1\_date\_closed:**

### Bank #2

**Bank:**

**Account #:**

**\$ Amount:**

**bank\_1\_date\_closed:**

### Bank #3

**Bank:**

**Account #:**

**\$ Amount:**

**bank\_1\_date\_closed:**

## Best Contact

**Name:**

**Email:**