

# Financial App Form

## Page 1

**Name:** Estella DeLosh

**Name of the nursing home:** NULL

**Date Of Birth:** 1943-11-24

**What is your Medicaid ID #:** AN14391D

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### Your Home Address

**Street Address:** 1 Grasmere Terrace Apt10

**Address Line 2:**

**City:** Massena

**State/Region/Province:** New York

**home\_postal\_zipcode:** 13662

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### Spouse

**spouse info:** Widowed in past 5 years

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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:** \$275

**your monthly bill:** N/A

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### Insurance Info

**Name of Homeowners insurance:**

**HMO Name and ID #:** 124702306

### Your Income Info Social Security

**Name of payer:** SSI

**Amount:** 1,054

**Frequency:** Monthly

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### Pension

# Financial App Form

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:

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**Your Investments**  
**Stocks**

Company Name:

Approx. Value:

**Bonds**

Company Name:

# Financial App Form

**Approx. Value:**

**Annuity**

**Company Name:**

**Approx. Value:**

**IRA**

**Company Name:**

**Approx. Value:**

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**Banking info**

**Bank #1**

**Bank:** Key Bank

**Account #:**

**\$ Amount:** 7

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

**Bank #2**

**Bank:**

**Account #:**

**\$ Amount:**

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

**Bank #3**

**Bank:**

**Account #:**

**\$ Amount:**

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

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**Best Contact**

**Name:** Estella DeLosh

**Email:** N/A