

# Financial App Form

## Page 1

**Name:** Mary Elliott

**Name of the nursing home:** Auburn Nursing Home

**Date Of Birth:** 1957-10-07

**What is your Medicaid ID #:** BG02585K

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### Your Home Address

**Street Address:** 2052 East Main Street

**Address Line 2:**

**City:** Rochester

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

**home\_postal\_zipcode:** 14609

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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

**your monthly bill:**

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### Insurance Info

**Name of Homeowners insurance:**

### Your Income Info Social Security

**Name of payer:**

**Amount:**

**Frequency:**

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### Pension

**Name of payer:**

**Amount:**

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**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:**

**Approx. Value:**

**Annuity**

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**Company Name:**

**Approx. Value:**

IRA

**Company Name:**

**Approx. Value:**

Best Contact

**Name:**

**Email:**