

Financial App Form

Page 1

Name: Robert Goolden

Name of the nursing home: NULL

Date Of Birth: 1935-03-12

What is your Medicaid ID #: DT76061J

Your Home Address

Street Address: 735 COUNTY ROUTE 34

Address Line 2:

City: Potsdam

State/Region/Province: NY

home_postal_zipcode: 13676

Spouse

spouse info: Widowed in past 5 years

Demographics

you selected:

Employment status: retired

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

Currently own: Yes

equity value of your home: 150,000

your monthly bill: NA

Insurance Info

Name of Homeowners insurance:

Life Insurance (including through an annuity): Yes

HMO Name and ID #: VYMM09196568

Life Insurance provider: American Progressive

Cash Value:

Policy #:

Your Income Info Social Security

Financial App Form

Name of payer: SS

Amount: 1680

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

Financial App Form

Company Name:

Approx. Value:

Bonds

Company Name:

Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

Banking info

Bank #1

Bank: Community Bank

Account #:

\$ Amount: 50.00

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: Jim Goolden

Email:

Financial App Form
