

# Financial App Form

## Page 1

**Name:** Carole Ohara

**Name of the nursing home:** Plattsburgh Rehab and Nursing

**Date Of Birth:** 1943-12-24

### Your Home Address

**Street Address:** 83 Edgewood Way

**Address Line 2:**

**City:** Lake Placid

**State/Region/Province:** NY

**home\_postal\_zipcode:** 12946

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### Spouse

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

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### Demographics

**you selected:**

**Employment status:**

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

**Currently own:** Yes

**equity value of your home:**

**your monthly bill:**

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### Insurance Info

**Name of Homeowners insurance:** Foremost

**HMO Name and ID #:** Excellus VYM201854747

### Your Income Info Social Security

**Name of payer:**

**Amount:** 2188.00

**Frequency:**

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### Pension

**Name of payer:**

# Financial App Form

**Amount:** 420.95

**Frequency:**

**Pension**

**Name of payer:** AFLCIO

**Amount:** 47.88

**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:**

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## Annuity

**Company Name:**

**Approx. Value:**

## IRA

**Company Name:**

**Approx. Value:**

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## Banking info

### Bank #1

**Bank:** Key Bank

**Account #:**

**\$ Amount:**

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

### Bank #2

**Bank:** Community Bank

**Account #:**

**\$ Amount:** 200.00

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

### Bank #3

**Bank:**

**Account #:**

**\$ Amount:**

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

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## Best Contact

**Name:**

**Email:** jlevesque@plattsburghrehab.com