

Financial App Form

Page 1

Name: Linda Perry

Name of the nursing home: Houghton Rehab

Date Of Birth: 1940-12-18

Your Home Address

Street Address: 195 McChesney Street

Address Line 2:

City: Wilson

State/Region/Province: NY

home_postal_zipcode: 14172

Spouse

spouse info: Widowed in past 5 years

Demographics

you selected: Veteran Filed taxes in the past 4 years

Employment status: retired

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

Currently own: Yes

equity value of your home: 165,000

your monthly bill: N/A

Insurance Info

Name of Homeowners insurance: New York Central Mutual

HMO Name and ID #: UHC 93060674800

Your Income Info Social Security

Name of payer:

Amount: 2,123.00

Frequency: Monthly

Pension

Name of payer:

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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:

Approx. Value:

Bonds

Company Name:

Approx. Value:

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Annuity

Company Name:

Approx. Value:

IRA

Company Name: LPL Financial

Approx. Value: 44,359.00

Banking info

Bank #1

Bank: Ontario Shores FCU

Account #: 975003

\$ Amount: \$11,820.46

bank_1_date_closed:

Bank #2

Bank: Ontario Shores FCU

Account #: 600975003

\$ Amount: \$6,485.15

bank_1_date_closed:

Bank #3

Bank: Ontario Shores FCU

Account #: 600975102

\$ Amount: \$71,015.18

bank_1_date_closed:

Best Contact

Name: Russell Perry

Email: rip572@gmail.com
