

Financial App Form

Page 1

Name: Karen Smith

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1959-09-16

Your Home Address

Street Address: 106 Myrtle Avenue

Address Line 2:

City: Hornell

State/Region/Province: NY

home_postal_zipcode: 14843

Spouse

spouse info: Never married

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:

your monthly bill: 92

Your Income Info Social Security

Name of payer:

Amount:

Frequency:

Pension

Name of payer: NET Retirement

Amount: 1977.53

Frequency: monthly

Pension

Financial App Form

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:

Annuity

Company Name:

Approx. Value:

Financial App Form

IRA

Company Name:

Approx. Value:

Banking info Bank #1

Bank: Servu Credit Union

Account #: 1484222268

\$ Amount: -59.25

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: Christine Postilli

Email: cpostilli@steubencountyny.gov
