

Financial App Form

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Name: Ben Penner

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1944-05-30

What is your Medicaid ID #: DU37477J

Your Home Address

Street Address: 2729 Baird Road

Address Line 2:

City: Fairport

State/Region/Province: NY

home_postal_zipcode: 14450

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:

Insurance Info

Name of Homeowners insurance:

HMO Name and ID #: Aetna- 101884390200

Your Income Info Social Security

Name of payer:

Amount: 2200

Frequency: Monthly

Pension

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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

Company Name:

Approx. Value:

Bonds

Company Name:

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Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

Banking info

Bank #1

Bank: Canandaigua National Bank

Account #:

\$ Amount:

bank_1_date_closed:

Bank #2

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Best Contact

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