

Financial App Form

Page 1

Name: Judith Judge

Name of the nursing home:

Date Of Birth: 1943-12-28

What is your Medicaid ID #: DP76656D

Your Home Address

Street Address:

Address Line 2: 39 Oak St Apt 301

City: Plattsburgh

State/Region/Province: NY

home_postal_zipcode: 12901

Spouse

spouse info: Divorced in past 5 years

Demographics

you selected:

Employment status: retired

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

Renting: Yes

Rent: 242.00

your monthly bill:

Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Medicare #: 9YM1F83TX36

HMO Name and ID #: UHC MEDICARE 117876172

Your Income Info Social Security

Name of payer: JUDITH JUDGE

Financial App Form

Amount: 1097.

Frequency: MONTHLY

Pension

Name of payer:

Amount:

Frequency:

Pension

Name of payer:

Amount:

Frequency:

Annuity

Name of payer:

Amount: 10000.

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:

Financial App Form

Approx. Value:

Bonds

Company Name:

Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

Banking info

Bank #1

Bank: TD BANK

Account #:

\$ Amount:

bank_1_date_closed:

Bank #2

Bank: Community Bank

Account #:

\$ Amount:

bank_1_date_closed:

Bank #3

Bank: Community America Credit Union

Account #:

\$ Amount:

bank_1_date_closed:

Best Contact

Name: Rich Judge

Email: progrockrich@yahoo.com