

# Financial App Form

## Page 1

**Name:** Catherine BILODEAU-REDEYE

**Name of the nursing home:** Orchard Rehabilitation and Nursing Center

**Date Of Birth:** 1955-10-15

### Your Home Address

**Street Address:** 493 Bloomingdale rd

**Address Line 2:**

**City:** Basom

**State/Region/Province:** NY

**home\_postal\_zipcode:** 14013

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### Spouse

**spouse info:** Never married

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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:** 50000

**your monthly bill:** 0

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### Insurance Info

**Name of Homeowners insurance:**

**Have Medicare:** Yes

**Have Medicare Replacement (Like UHC Medicare):** Yes

**Medicare #:** 8PT4NR0XU08

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### Your Income Info Social Security

**Name of payer:** CATHERINE BILODEAU-REDEYE

**Amount:** 2854.00

**Frequency:** Monthly

# Financial App Form

## Pension

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:

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## Your Investments

### Stocks

Company Name:

Approx. Value:

### Bonds

# Financial App Form

**Company Name:**

**Approx. Value:**

**Annuity**

**Company Name:**

**Approx. Value:**

**IRA**

**Company Name:**

**Approx. Value:**

**Banking info**

**Bank #1**

**Bank:** Mtb

**Account #:** 0851

**\$ Amount:** 4000.92

**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:** catherine BILODEAU-REDEYE

**Email:** kswan@orchardrnc.com