

Financial App Form

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Name: Ruth Miller

Name of the nursing home: Houghton Rehabilitation & Nursing Center

Date Of Birth: 1927-03-08

Your Home Address

Street Address: 9692 Route 19

Address Line 2:

City: Houghton

State/Region/Province: NY

home_postal_zipcode: 14744

Spouse

spouse info: Never married

Demographics

you selected: Filed taxes in the past 4 years

Employment status: retired

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

Currently own: Yes

equity value of your home:

your monthly bill:

Own vehicle sell info in past 5 years

Make and Model: Ford

Fair market Value: 15000

Date Sold: 2023-04-06

Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Have Medigap insurance (i.e. AARP or Medex)n: Yes

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Medicare #: 2RW4N11FP07

HMO Name and ID #: American Progressive PR040514057

Your Income Info Social Security

Name of payer: Social Security

Amount: 1798.00

Frequency: Monthly

Pension

Name of payer:

Amount:

Frequency:

Pension

Name of payer:

Amount:

Frequency:

Annuity

Name of payer: TIAA

Amount: 1343.13

Frequency: Monthly

IRA distribution

Name of payer:

Amount:

Frequency:

Stock Dividends

Name of payer:

Amount:

Frequency:

TRUST INFO

Trust name:

Garantor:

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Trustee:

Amount:

Your Investments Stocks

Company Name:

Approx. Value:

Bonds

Company Name:

Approx. Value:

Annuity

Company Name: TIAA

Approx. Value:

IRA

Company Name:

Approx. Value:

Banking info Bank #1

Bank: Community Bank

Account #: Ends in 3446

\$ Amount: 15438.63

bank_1_date_closed:

Bank #2

Bank: Alleghany First FCU

Account #: Ends in 0062

\$ Amount: 16161.96

bank_1_date_closed:

Bank #3

Bank: Alleghany First FCU

Account #: #1 (Savings)

\$ Amount: 2055.15

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bank_1_date_closed:

Best Contact

Name: Dave Miller

Email: jvivilamore@phcare.com
