

Financial App Form

Page 1

Name: Evelyn McMillon

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1951-06-28

What is your Medicaid ID #: AW42332B

Your Home Address

Street Address: 3 Green Knolls Apt A

Address Line 2:

City: Rochester

State/Region/Province: NY

home_postal_zipcode: 14620

Spouse

spouse info: Never married

Demographics

you selected:

Employment status: retired

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

Renting: Yes

Rent:

your monthly bill: N/A

Insurance Info

Name of Homeowners insurance:

HMO Name and ID #: UHC-

Your Income Info Social Security

Name of payer:

Amount: 800

Frequency: month

Pension

Financial App Form

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:

Financial App Form

Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

Banking info

Bank #1

Bank: ESL

Account #:

\$ Amount:

bank_1_date_closed: 6months-1 yr ago

Bank #2

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Best Contact

Name: Lonya McMillon

Email: