

Financial App Form

Page 1

Name: Jessie Ritter

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1935-09-09

Your Home Address

Street Address: 56 Aristo Terrace

Address Line 2:

City: Arcade

State/Region/Province: NY

home_postal_zipcode: 14009

Spouse

spouse info: Widowed in past 5 years

Demographics

you selected:

Employment status: unemployed

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

Currently own: Yes

equity value of your home: 25,000

your monthly bill: n/a

Own vehicle sell info in past 5 years

Make and Model: Chevy Cavalier

Fair market Value:

Own vehicle sell info in past 5 years

Make and Model: Chevy Cavalier

Fair market Value:

Date Sold: 2020-12-01

Insurance Info

Name of Homeowners insurance: State Farm

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HMO Name and ID #: Independent Health A0062725300

Your Income Info Social Security

Name of payer:

Amount:

Frequency:

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:

Financial App Form

Amount:

Your Investments Stocks

Company Name:

Approx. Value:

Bonds

Company Name:

Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

Banking info Bank #1

Bank: Community Bank

Account #:

\$ Amount: 799

bank_1_date_closed:

Bank #2

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Financial App Form

Best Contact

Name: Lorraine Ritter

Email:
