

# Financial App Form

## Page 1

**Name:** Michael Carmicino

**Name of the nursing home:** Houghton Rehabilitation & Nursing Center

**Date Of Birth:** 1938-10-30

### Your Home Address

**Street Address:** PO BOX 250

**Address Line 2:**

**City:** NUNDA

**State/Region/Province:** NY

**home\_postal\_zipcode:** 14517

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### Spouse

**spouse info:** Never married

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### Demographics

**you selected:**

**Employment status:** retired

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

**Renting:** Yes

**Rent:** \$800

**your monthly bill:** n/a

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### Insurance Info

**Name of Homeowners insurance:**

**Have Medicare:** Yes

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

**Life Insurance (including through an annuity):** Yes

**Medicare #:** 5NH8WR7MQ37

**HMO Name and ID #:** UHC 933416589

**Life Insurance provider:** TransAmerica

**Cash Value:** n/a

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**Policy #:** n/a

## Your Income Info Social Security

**Name of payer:**

**Amount:** 1693.00

**Frequency:** Monthly

## Pension

**Name of payer:** Bakery Confectionary Tabacco

**Amount:** 235.84

**Frequency:** Monthly

## 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:

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## Your Investments Stocks

Company Name:

Approx. Value:

## Bonds

Company Name:

Approx. Value:

## Annuity

Company Name:

Approx. Value:

## IRA

Company Name:

Approx. Value:

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## Banking info Bank #1

Bank: M\$T Bank- checking

Account #: n/a

\$ Amount: 2018.00

bank\_1\_date\_closed:

## Bank #2

Bank: M&T Bank - saving

Account #: n/a

\$ Amount: \$500.00

bank\_1\_date\_closed:

## Bank #3

Bank:

Account #:

\$ Amount:

bank\_1\_date\_closed:

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# Financial App Form

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## Best Contact

**Name:** Patricia Carmicino

**Email:** elizpat2001@yahoo.com

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