

Financial App Form

Page 1

Name: Rebecca Webster

Name of the nursing home: Houghton Rehabilitation & Nursing Center

Date Of Birth: 1957-02-12

What is your Medicaid ID #: AJ43822K

Your Home Address

Street Address: 2754 WOLF SPRING ROAD

Address Line 2:

City: SCIO

State/Region/Province: NY

home_postal_zipcode: 14880

Spouse

spouse info: yes

Demographics

you selected:

Employment status: retired

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

Currently own: Yes

equity value of your home: \$18800.00

your monthly bill: N/A

Own vehicle sell info in past 5 years

Make and Model: 2011 FORD FUSION , 2014 CHEVY SILVERADO

Fair market Value:

Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Medicare #: 2K76KN3AA75

Financial App Form

Your Income Info Social Security

Name of payer: SS

Amount: 849.00

Frequency: Monthly

Pension

Name of payer:

Amount: 327.00

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:

Amount:

Financial App Form

Spouse Income Info Social Security

Name of payer: SSD

Amount: 1200.00

Frequency: Monthly

Pension

Name of payer:

Amount: 820.00

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:

Amount:

Financial App Form

Your Investments Stocks

Company Name:

Approx. Value:

Bonds

Company Name:

Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

Spouse 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-checking

Account #:

\$ Amount: 4000.00

Financial App Form

bank_1_date_closed:

Bank #2

Bank: First Citizen-checking

Account #:

\$ Amount: 2000.00

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Spouse Info

Name: George Webster

Spouse SS#: 127-50-8625

Spouse DOB: 1958-07-23

Best Contact

Name: George Webster

Email: wrightjennifer29@yahoo.com
