

Financial App Form

Page 1

Name: Edward Elkins

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1966-01-23

What is your Medicaid ID #: BJ46167B

Your Home Address

Street Address: 448 Ames St Apt 1

Address Line 2:

City: Rochester

State/Region/Province: NY

home_postal_zipcode: 14611

Spouse

spouse info: Never married

Demographics

you selected:

Employment status: unemployed

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

Renting: Yes

Rent:

your monthly bill: N/A

Your Income Info Social Security

Name of payer:

Amount: 943

Frequency: Monthly

Pension

Name of payer:

Amount:

Frequency:

Financial App Form

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:

Approx. Value:

Annuity

Company Name:

Financial App Form

Approx. Value:

IRA

Company Name:

Approx. Value:

Banking info

Bank #1

Bank: Direct Express Card

Account #: 5332-4801-4833-2598

\$ Amount: 120

bank_1_date_closed:

Bank #2

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Best Contact

Name: Pam Elkins

Email: pamela_elkins@yahoo.com
