

Financial App Form

Page 1

Name: Harry Duchene

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1957-03-31

What is your Medicaid ID #: AQ27759T

Your Home Address

Street Address: 400 Forest Ave

Address Line 2:

City: Buffalo

State/Region/Province: NY

home_postal_zipcode: 14213

Spouse

spouse info: Never married

Demographics

you selected:

Employment status: unemployed

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

your monthly bill: N/A

Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Medicare #: 1MV7PM5GR20

Your Income Info Social Security

Name of payer:

Amount: 487

Frequency: Monthly

Financial App Form

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:

Amount:

Your Investments

Stocks

Company Name:

Approx. Value:

Bonds

Financial App Form

Company Name:

Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

Banking info

Bank #1

Bank: M&T

Account #:

\$ Amount: 4766.91

bank_1_date_closed:

Bank #2

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Best Contact

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