

Financial App Form

Page 1

Name: Phu Le

Name of the nursing home: Utica Rehabilitation & Nursing Center

Date Of Birth: 1966-12-31

What is your Medicaid ID #: CG02691S

Your Home Address

Street Address: 1206 Elm St Apt 2

Address Line 2:

City: Utica

State/Region/Province: New York

home_postal_zipcode: 13501

Spouse

spouse info: Divorced in past 5 years

Demographics

you selected:

Employment status: unemployed

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

your monthly bill:

Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Medicare #: 4T12EW4FY09

Your Income Info Social Security

Name of payer: SSI

Amount: 1052

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: Berkshire Bank

Account #: 5043942

\$ Amount: 0.62

bank_1_date_closed: 06/2023

Bank #2

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Best Contact

Name: Anthony Nguyen

Email: ncitoni@gmail.com