

Financial App Form

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Name: Sam Zimblis

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1965-07-30

Your Home Address

Street Address: 1027 North Main Street

Address Line 2: Lot 21

City: Delevan

State/Region/Province: NY

home_postal_zipcode: 14042

Address

Street Address: 8678 Lake Street Road

Address Line 2:

City: Leroy

State/Region/Province: NY

home_postal_zipcode: 14482

Spouse

spouse info: Never married

Demographics

you selected:

Employment status: retired

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

Renting: Yes

Rent: \$550

your monthly bill: N/A

Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes

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Have Medicare Replacement (Like UHC Medicare): Yes

Medicare #: 3RY1QY5XT21

Your Income Info Social Security

Name of payer: SSI

Amount: 2300

Frequency: Monthly

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:

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Trustee:

Amount:

Your 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

Account #:

\$ Amount: 1400

bank_1_date_closed:

Bank #2

Bank: Community Bank

Account #:

\$ Amount: 2.00

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

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bank_1_date_closed:

Best Contact

Name: Anthony Diaz

Email: anthonydd@gmail.com
