

# Financial App Form

## Page 1

**Name:** Phyllis Letcher

**Name of the nursing home:** Houghton Rehabilitation and Nursing Center

**Date Of Birth:** 1950-04-04

### Your Home Address

**Street Address:** 5709 Five Mile Road

**Address Line 2:**

**City:** Hinsdale

**State/Region/Province:** NY

**home\_postal\_zipcode:** 14743

### Spouse

**spouse info:** Never married

### 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:** 35000

**your monthly bill:** N/A

### Own vehicle sell info in past 5 years

**Make and Model:** GMC Terrain

**Fair market Value:** 13000

### Insurance Info

**Name of Homeowners insurance:**

**HMO Name and ID #:** IHA- AA028889100

### Your Income Info Social Security

**Name of payer:**

**Amount:** 1600

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**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:**

**Trustee:**

**Amount:**

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## Your Investments Stocks

**Company Name:**

**Approx. Value:**

# Financial App Form

## Bonds

**Company Name:**

**Approx. Value:**

## Annuity

**Company Name:**

**Approx. Value:**

## IRA

**Company Name:**

**Approx. Value:**

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## Banking info

### Bank #1

**Bank:** Community

**Account #:** Checking

**\$ Amount:** 20300

**bank\_1\_date\_closed:**

### Bank #2

**Bank:**

**Account #:**

**\$ Amount:**

**bank\_1\_date\_closed:**

### Bank #3

**Bank:**

**Account #:**

**\$ Amount:**

**bank\_1\_date\_closed:**

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## Best Contact

**Name:** Jennifer Landow

**Email:** jennifer\_l\_landow@yahoo.com