

Financial App Form

Page 1

Name: Dale Backus

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1959-07-26

What is your Medicaid ID #: BE24096G

Your Home Address

Street Address: 5661 Humphrey Road

Address Line 2:

City: Great Valley

State/Region/Province: NY

home_postal_zipcode: 14741

Address

Street Address: 161 S. 25th Street

Address Line 2:

City: Olean

State/Region/Province: NY

home_postal_zipcode: 14760

Spouse

spouse info: yes

Demographics

you selected: Filed taxes in the past 4 years

Employment status: retired

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

Currently own: Yes

equity value of your home:

your monthly bill:

Own vehicle sell info in past 5 years

Make and Model: 2016 Chevy Silverado

Financial App Form

Fair market Value:

Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Medicare #:

Your Income Info Social Security

Name of payer:

Amount: 1459.20

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:

Financial App Form

Frequency:

TRUST INFO

Trust name:

Garantor:

Trustee:

Amount:

Spouse Income Info Social Security

Name of payer:

Amount: 711.40

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:

Financial App Form

Frequency:

TRUST INFO

Trust name:

Garantor:

Trustee:

Amount:

Your Investments Stocks

Company Name:

Approx. Value:

Bonds

Company Name:

Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

Spouse Investments Stocks

Company Name:

Approx. Value:

Bonds

Company Name:

Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Financial App Form

Company Name:

Approx. Value:

Banking info

Bank #1

Bank:

Account #: 752439774

\$ Amount: 15,000

bank_1_date_closed:

Bank #2

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Spouse banking info

Bank #1

Bank:

Account #: 752224206

\$ Amount: 4441

bank_1_date_closed:

Bank #2

Bank:

Account #

\$ Amount:

bank_1_date_closed:

Bank #3

Financial App Form

Bank:

Account #

\$ Amount:

bank_1_date_closed:

Spouse Info

Name: Melissa Backus

Spouse SS#:

Spouse DOB: 1961-04-10

Best Contact

Name: Melissa Backus

Email:
