

# Financial App Form

## Page 1

**Name:** Anthony White

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

**Date Of Birth:** 1963-02-17

**What is your Medicaid ID #:** BS72362Y

---

### Your Home Address

**Street Address:** 210 W Main Street

**Address Line 2:**

**City:** Rochester

**State/Region/Province:** NY

**home\_postal\_zipcode:** 14611

---

### Address

**Street Address:** 48 Colonial Drive

**Address Line 2:**

**City:** Horseheads

**State/Region/Province:** NY

**home\_postal\_zipcode:** 14845

---

### Spouse

**spouse info:** Widowed 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:** N/A

---

### Your Income Info Social Security

**Name of payer:**

**Amount:** 1902

# Financial App Form

**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:**

---

## 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:

## Banking info

### Bank #1

Bank:

Account #:

\$ Amount:

bank\_1\_date\_closed:

### Bank #2

Bank:

Account #:

\$ Amount:

bank\_1\_date\_closed:

### Bank #3

Bank:

Account #:

\$ Amount:

bank\_1\_date\_closed:

## Best Contact

Name: Anthony White

Email: