

# Financial App Form

## Page 1

**Name:** Carol Kerwin

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

**Date Of Birth:** 1950-09-10

### Your Home Address

**Street Address:** 907 Route 78

**Address Line 2:**

**City:** N. Java

**State/Region/Province:** NY

**home\_postal\_zipcode:** 14082

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### Spouse

**spouse info:** Never married

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### Demographics

**you selected:** Filed taxes in the past 4 years

**Employment status:** retired

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

**Currently own:** Yes

**equity value of your home:**

**your monthly bill:** water shut off

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### Own vehicle sell info in past 5 years

**Make and Model:** 2008 Buick

**Fair market Value:** ~5000

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### Insurance Info

**Name of Homeowners insurance:**

**Have Medicare:** Yes

**Have Medicare Replacement (Like UHC Medicare):** Yes

**Have insurance through work:** Yes

**Medicare #:** 7T12EY2KE12

# Financial App Form

HMO Name and ID #: Empire- YLS890071502

## Your Income Info Social Security

Name of payer: SSI

Amount: 1500

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:

# Financial App Form

Amount:

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## Your Investments Stocks

Company Name:

Approx. Value:

## Bonds

Company Name:

Approx. Value:

## Annuity

Company Name:

Approx. Value:

## IRA

Company Name:

Approx. Value:

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## Banking info Bank #1

Bank:

Account #: checking

\$ Amount: 6000

bank\_1\_date\_closed:

## Bank #2

Bank:

Account #: savings

\$ Amount: 50

bank\_1\_date\_closed:

## Bank #3

Bank:

Account #:

\$ Amount:

bank\_1\_date\_closed:

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# Financial App Form

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## Best Contact

**Name:** Carol Kerwin

**Email:**

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