Financial App Form

Page 1

Name: Artidth Barnhardt

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1953-06-09

What is your Medicaid ID #: 1VR8PK8KG66

Your Home Address

Street Address: 33 Tempest street

Address Line 2:

City: Perry

State/Region/Province: Ny

home_postal_zipcode: 14536

Address

Street Address:

Address Line 2:

City: Batavia

State/Region/Province:

home_postal_zipcode: 14020

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: 178

your monthly bill:

Insurance Info

Name of Homeowners insurance:

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Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Medicare #:

Your Income Info
Social Security

Name of payer: Ss

Amount: 660

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:

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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:

Banking info
Bank #1

Bank: Thompkonkins bank of Castile

Account #: Unknown

$ Amount: Unknown

bank_1_date_closed:

Bank #2

Bank:

Account #:

$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Account #:

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$ Amount:

bank_1_date_closed:

Best Contact

Name: Julie Martin

Email: Juliea.martin1976@yahoo.com