

# Financial App Form

## Page 1

**Name:** Cheryl Strassburg

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

**Date Of Birth:** 1946-10-02

### Your Home Address

**Street Address:** 12 Oaks Charter Drive

**Address Line 2:** Apt 1

**City:** Buffalo

**State/Region/Province:** NY

**home\_postal\_zipcode:** 14228

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### Spouse

**spouse info:** Never married

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### Demographics

**you selected:**

**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:** 130,000

**your monthly bill:** N/A

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### Own vehicle sell info in past 5 years

**Make and Model:** 2022 Buick Encore

**Fair market Value:**

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### Insurance Info

**Name of Homeowners insurance:**

**HMO Name and ID #:** IHA

### Your Income Info Social Security

**Name of payer:**

**Amount:** 1560.60

# Financial App Form

**Frequency:**

**Pension**

**Name of payer:**

**Amount:** 1205.67

**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:** Key Bank

**Account #:** 328617039321

**\$ Amount:** 2400

**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:** Joanne Mccarthy

**Email:**