Financial App Form

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Name: Diana Myers or Jon Myers POA

Name of the nursing home:

Date Of Birth: 1947-02-20

What is your Medicaid ID #: CA41374R

Your Home Address

Street Address: 88 Morey Park Rd.

Address Line 2:

City: Nassau

State/Region/Province: New York

home_postal_zipcode: 12123

Address

Street Address: 325 Northern Blvd. - Hudson Park Rehabilitation & Nursing

Address Line 2:

City: Albany

State/Region/Province: New York

home_postal_zipcode: 12204

Spouse

spouse info: Never married

Demographics

you selected:

Employment status: retired

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

Living with someone rent free: Yes
equity value of your home:

your monthly bill:

Insurance Info

Name of Homeowners insurance:

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Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Medicare #: 7R95GK3NH93

HMO Name and ID #: Aetna Medicare - ID # 101857220600

Your Income Info
Social Security

Name of payer: SSA

Amount: 1900

Frequency: monthly

Pension

Name of payer: Union paper workers

Amount: 488.00

Frequency: monthly

Pension

Name of payer: Paper workers pension

Amount: 204.00

Frequency: monthly

Annuity

Name of payer:

Amount:

Frequency:

IRA distribution

Name of payer:

Amount:

Frequency:

Stock Dividends

Name of payer:

Amount:

Frequency:

TRUST INFO

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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:

Banking info
Bank #1

Bank: NBT

Account #: 5522

$ Amount: .20

bank_1_date_closed:

Bank #2

Bank:

Account #:

$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Financial App Form

Account #:

$ Amount:

bank_1_date_closed:

Best Contact

Name: Diana Myers or Jon Myers POA

Email: Myers1149@gmail.com