

Financial App Form

Page 1

Name: Gladys Gayhart

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1942-06-08

What is your Medicaid ID #: AJ44422C

Your Home Address

Street Address: 35 North State Street

Address Line 2:

City: Nunda

State/Region/Province: NY

home_postal_zipcode: 14517

Spouse

spouse info: Widowed in past 5 years

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: N/A

Insurance Info

Name of Homeowners insurance:

HMO Name and ID #: UHC-

Your Income Info Social Security

Name of payer:

Amount: 1048

Frequency: Monthly

Pension

Financial App Form

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:

Bonds

Company Name:

Financial App Form

Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

Best Contact

Name: Gladys Gayhart

Email: clifton2020@icloud.com
