

Financial App Form

Page 1

Name: JOHN DENNIS

Name of the nursing home: PRNC

Date Of Birth: 1948-01-29

What is your Medicaid ID #: BH79491P

Your Home Address

Street Address:

Address Line 2: 180 Margaret St

City: Plattsburgh

State/Region/Province: NY

home_postal_zipcode: 12901

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: \$500.00

your monthly bill: N/A

Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Life Insurance (including through an annuity): Yes

Medicare #: 1Y39XY9PP33

Life Insurance provider:

Cash Value: \$8000.

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Policy #:

Your Income Info Social Security

Name of payer: JOHN DENNIS

Amount: 1098.00

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:

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: KEY BANK

Account #: 325712008136

\$ Amount: \$239.17

bank_1_date_closed:

Bank #2

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Financial App Form

Best Contact

Name: JOHN DENNIS

Email:
