

Financial App Form

Page 1

Name: Jacque Steedman

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1946-03-26

What is your Medicaid ID #: GJ15092J

Your Home Address

Street Address: 91 Hubbard Dr

Address Line 2:

City: North Chili

State/Region/Province: NY

home_postal_zipcode: 14514

Spouse

spouse info: yes

Demographics

you selected:

Employment status: unemployed

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

Currently own: Yes

equity value of your home:

any other land: Yes

equity value of your home:

your monthly bill: 60 quarterly

Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Medicare #: 7W47Y22JQ45

Your Income Info Social Security

Financial App Form

Name of payer: SSRI

Amount: 983

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:

Amount:

Spouse Income Info Social Security

Financial App Form

Name of payer: SSRI

Amount: 3500

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:

Amount:

Your Investments Stocks

Financial App Form

Company Name:

Approx. Value:

Bonds

Company Name:

Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

**Spouse 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: BOA

Account #: 5866

\$ Amount: 2859

bank_1_date_closed:

Financial App Form

Bank #2

Bank: BOA

Account #: 5635

\$ Amount: 991

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Spouse Info

Name: Greg Steedman

Spouse SS#: 079427893

Spouse DOB: 1952-02-07

Best Contact

Name: Ann Marie Hurley

Email: amhurley@hurleycaresolutions.com