

Financial App Form

Page 1

Name: Jeanette Mattice

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1931-11-19

What is your Medicaid ID #: DV95586E

Your Home Address

Street Address: 4805 Kyte Road

Address Line 2:

City: Shortsville

State/Region/Province: NY

home_postal_zipcode: 14548

Spouse

spouse info: Never married

Demographics

you selected:

Employment status: retired

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

Currently own: Yes

equity value of your home:

your monthly bill: N/A

Insurance Info

Name of Homeowners insurance:

HMO Name and ID #: UHC- 964495634

Your Income Info Social Security

Name of payer:

Amount: 1296

Frequency:

Pension

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Name of payer:

Amount: 227.71

Frequency:

Pension

Name of payer: MET LIFE

Amount: 65.79

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:

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Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

Banking info

Bank #1

Bank: COMMUNITY

Account #: SAVINGS

\$ Amount: 5374.38

bank_1_date_closed:

Bank #2

Bank: Community Bank

Account #: CHECKING

\$ Amount: 3906.38

bank_1_date_closed:

Bank #3

Bank: CANANDAIGUA NATIONAL

Account #: CHECKING

\$ Amount: 5784

bank_1_date_closed:

Funeral Info

Irrevocable prepaid burial setup

Funeral Home

Name: Hawsted Patrick, Macheater NY

Price: 5900

Best Contact

Name: Timothy Mattice

Email: tjmat1014@gmail.com

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