

Financial App Form

Page 1

Name: Jeffrey Mietelski

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1963-06-22

What is your Medicaid ID #: BM59639R

Your Home Address

Street Address: 235 Spanish Trl Apt A

Address Line 2:

City: Rochester

State/Region/Province: NY

home_postal_zipcode: 14612

Spouse

spouse info: Never married

Demographics

you selected:

Employment status: unemployed

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

Renting: Yes

Rent: 1035

your monthly bill: n/a

Insurance Info

Name of Homeowners insurance:

HMO Name and ID #: Excellus- VYU201222995

Your Income Info Social Security

Name of payer:

Amount: 1988

Frequency: monthly

Pension

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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:

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Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

Banking info

Bank #1

Bank: M&T

Account #:

\$ Amount: ~3000

bank_1_date_closed:

Bank #2

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Best Contact

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