

Financial App Form

Page 1

Name: Jeffrey Pratt

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1955-06-29

Your Home Address

Street Address: 9545 County Road 7

Address Line 2:

City: Cuba

State/Region/Province: NY

home_postal_zipcode: 14727

Address

Street Address: 292 Main Street

Address Line 2:

City: East Aurora

State/Region/Province: NY

home_postal_zipcode: 14052

Spouse

spouse info: yes

Demographics

you selected: Veteran Filed taxes in the past 4 years

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:

Have Medicare: Yes

Financial App Form

Have Medicare Replacement (Like UHC Medicare): Yes

Medicare #: 1FD2HJ0XV17

HMO Name and ID #: UNIVERA- M09046110

Your Income Info Social Security

Name of payer:

Amount: 19021

Frequency: ANNUALLY

Pension

Name of payer:

Amount: 7508.48

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:

Financial App Form

Garantor:

Trustee:

Amount:

Spouse Income Info Social Security

Name of payer:

Amount: 15833

Frequency:

Pension

Name of payer:

Amount: 15833

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:

Financial App Form

Garantor:

Trustee:

Amount:

Your Investments Stocks

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

Financial App Form

Bank: OTFCU

Account #: xx2140 (CHECKING)

\$ Amount: 6643.63

bank_1_date_closed:

Bank #2

Bank: OTFCU

Account #: (savings)

\$ Amount: 5588.98

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Spouse banking info

Bank #1

Bank: OTFCU

Account #: xx2187 (checking)

\$ Amount: 2553.19

bank_1_date_closed:

Bank #2

Bank: OTFCU

Account # (savings)

\$ Amount: 2548.19

bank_1_date_closed:

Bank #3

Bank:

Account #

\$ Amount:

bank_1_date_closed:

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Spouse Info

Name: Elizabeth Callen-Pratt

Spouse SS#: 101-44-0084

Spouse DOB: 1951-04-25

Best Contact

Name: Betty Pratt

Email: jeffbuf@gmail.com
