

# Financial App Form

## Page 1

**Name:** Karen Scrivener

**Name of the nursing home:** Sodus Rehab and Nursing Center

**Date Of Birth:** 1982-11-05

### Your Home Address

**Street Address:** 112 New Preemption Rd

**Address Line 2:**

**City:** Lyons

**State/Region/Province:** NY

**home\_postal\_zipcode:** 14489

### Spouse

**spouse info:**

### Demographics

**you selected:** Filed taxes in the past 4 years

**Employment status:** unemployed

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

**your monthly bill:** N/A

### Own vehicle sell info in past 5 years

**Make and Model:** Chevy colorado

**Fair market Value:** 600

**Date Sold:** 2019-05-15

### Your Income Info Social Security

**Name of payer:**

**Amount:**

**Frequency:**

### Pension

**Name of payer:**

# Financial App Form

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:

Approx. Value:

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## Annuity

**Company Name:**

**Approx. Value:**

## IRA

**Company Name:**

**Approx. Value:**

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## Banking info

### Bank #1

**Bank:** Citizens Bank

**Account #:**

**\$ Amount:** -74.00

**bank\_1\_date\_closed:**

### Bank #2

**Bank:**

**Account #:**

**\$ Amount:**

**bank\_1\_date\_closed:**

### Bank #3

**Bank:**

**Account #:**

**\$ Amount:**

**bank\_1\_date\_closed:**

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## Best Contact

**Name:** Karen Scrivener

**Email:** Finance@sodusrehab.com