

Financial App Form

Page 1

Name: Kathleen Peden

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1967-06-29

What is your Medicaid ID #: BP02622S

Your Home Address

Street Address: 156 Linden Street

Address Line 2:

City: Rochester

State/Region/Province: NY

home_postal_zipcode: 14620

Address

Street Address: Rochester Community Nursing and Rehab

Address Line 2: 989 Blossom Road

City: Rochester

State/Region/Province: NY

home_postal_zipcode: 14610

Spouse

spouse info: Never married

Demographics

you selected: Have a disabled child living at home

Employment status: unemployed

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

Your Income Info Social Security

Financial App Form

Name of payer: SSI

Amount: 900

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:

Banking info

Bank #1

Bank: ESL

Account #: (CHECKING)

\$ Amount: ~\$100

bank_1_date_closed:

Bank #2

Bank: ESL

Account #: (SAVINGS)

\$ Amount: 0

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Best Contact

Name: Kathleen Peden

Email:

Financial App Form
