

Financial App Form

Page 1

Name: Kitura Smith

Name of the nursing home: Houghton Rehab

Date Of Birth: 1944-01-27

What is your Medicaid ID #: CV31610G

Your Home Address

Street Address: 30 WILLIAM ST

Address Line 2:

City: PHELPS

State/Region/Province: NY

home_postal_zipcode: 14532

Spouse

spouse info: yes

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: 120,000.00

your monthly bill:

Own vehicle sell info in past 5 years

Make and Model: 2020 HONDA ALANTRA

Fair market Value:

Insurance Info

Name of Homeowners insurance:

HMO Name and ID #: UHC 119810762

Your Income Info Social Security

Name of payer:

Financial App Form

Amount: 16700

Frequency: YEARLY

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:

Spouse Income Info Social Security

Name of payer:

Financial App Form

Amount: 14600

Frequency: YEARLY

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

Company Name:

Financial App Form

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

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Bank #2

Financial App Form

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Spouse Info

Name: GARY SMITH

Spouse SS#: 059-46-3735

Spouse DOB: 1953-04-03

Best Contact

Name: Gary Smith

Email: ghs8956@gmail.com
