

Financial App Form

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Name: Lenore Paige

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1930-09-25

Your Home Address

Street Address: 9759 Fancher Heights

Address Line 2:

City: Houghton

State/Region/Province: NY

home_postal_zipcode: 14744

Address

Street Address: Manor Hills

Address Line 2: 4192 Bolivar Rd

City: Wellsville

State/Region/Province: NY

home_postal_zipcode: 14895

Spouse

spouse info: Never married

Demographics

you selected:

Employment status: unemployed

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

Living with someone rent free: Yes

equity value of your home:

your monthly bill: n/a

Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes

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Have Medicare Replacement (Like UHC Medicare): Yes

Have Medigap insurance (i.e. AARP or Medex)n: Yes

Medicare #: 6YV6DM4YV81

HMO Name and ID #: AARP Medicare Supplement through UHC 094803123-11

Your Income Info Social Security

Name of payer:

Amount:

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

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Trust name:

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:

Banking info Bank #1

Bank: Community Bank

Account #: 680043742

\$ Amount:

bank_1_date_closed:

Bank #2

Bank: Key Bank CD

Account #:

\$ Amount:

bank_1_date_closed:

Bank #3

Bank: Key Bank Checking

Financial App Form

Account #:

\$ Amount:

bank_1_date_closed:

Best Contact

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Email: Terence.Paige@houghton.edu
