

Financial App Form

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Name: Leslie Carameta

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1982-05-01

What is your Medicaid ID #: CD03036A

Your Home Address

Street Address: 3984 Church Street

Address Line 2: PO Box 64

City: Scio

State/Region/Province: NY

home_postal_zipcode: 14880

Spouse

spouse info: Never married

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

Renting: Yes

Rent: 350

your monthly bill:

Own vehicle sell info in past 5 years

Make and Model: 2019 Toyota Rav 4

Fair market Value: 16000

Your Income Info Social Security

Name of payer: Disability

Amount: 1814

Frequency: Monthly

Pension

Financial App Form

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:

Approx. Value:

Bonds

Company Name:

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Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

Banking info

Bank #1

Bank: VyStar

Account #:

\$ Amount:

bank_1_date_closed:

Bank #2

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Best Contact

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