

Financial App Form

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Name: Mary Wilcox

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1946-05-31

What is your Medicaid ID #: CA09326H

Your Home Address

Street Address: 79 Liberty Street

Address Line 2:

City: Bolivar

State/Region/Province: NY

home_postal_zipcode: 14715

Spouse

spouse info: Never married

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: 0- owes what it is assessed at

your monthly bill: \$311 every 3 months for water/sewer

Insurance Info

Name of Homeowners insurance: Included w/ mortgage- Sterling

Life Insurance (including through an annuity): Yes

HMO Name and ID #: Humana- H65559810

Life Insurance provider: Metlife

Cash Value: 3800

Policy #:

Your Income Info Social Security

Financial App Form

Name of payer:

Amount: ~\$2438

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: SCS Pooled Trust

Garantor:

Trustee:

Amount: \$706

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: Community Bank NA

Account #:

\$ Amount: \$580

bank_1_date_closed:

Bank #2

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Best Contact

Name: Susan Karnuth

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