

Financial App Form

Page 1

Name: Michael Schneider

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1965-03-27

What is your Medicaid ID #: AD86908D

Your Home Address

Street Address: 9948 Route 243 Apt A

Address Line 2:

City: Farmersville Station

State/Region/Province: NY

home_postal_zipcode: 14060

Spouse

spouse info: Never married

Demographics

you selected:

Employment status: unemployed

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

Renting: Yes

Rent: \$420

your monthly bill: N/A

Insurance Info

Name of Homeowners insurance:

HMO Name and ID #: Humana- H45751364

Your Income Info Social Security

Name of payer:

Amount: \$900

Frequency: Monthly

Pension

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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: M&T (Arcade Branch)

Account #:

\$ Amount: \$12

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: Michael Schneider

Email: wwefan0265@gmail.com
