

# Financial App Form

## Page 1

**Name:** Pearl Ricketts

**Name of the nursing home:** Houghton Rehabilitation & Nursing Center

**Date Of Birth:** 1927-09-27

### Your Home Address

**Street Address:** 10498 Bernard Street

**Address Line 2:**

**City:** Fillmore

**State/Region/Province:** NY

**home\_postal\_zipcode:** 14735

### 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

**your monthly bill:** n/a

### Insurance Info

**Name of Homeowners insurance:**

**Have Medicare:** Yes

**Have Medicare Replacement (Like UHC Medicare):** Yes

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

**Medicare #:**

**HMO Name and ID #:**

### Your Income Info Social Security

**Name of payer:**

**Amount:**

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**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:**

**Garantor:**

**Trustee:**

**Amount:**

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## Your Investments Stocks

**Company Name:**

**Approx. Value:**

# Financial App Form

## Bonds

**Company Name:**

**Approx. Value:**

## Annuity

**Company Name:**

**Approx. Value:**

## IRA

**Company Name:**

**Approx. Value:**

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## Banking info

### Bank #1

**Bank:** Community Bank

**Account #:**

**\$ Amount:** 8000

**bank\_1\_date\_closed:**

### Bank #2

**Bank:** Community Bank

**Account #:**

**\$ Amount:** 7000

**bank\_1\_date\_closed:**

### Bank #3

**Bank:**

**Account #:**

**\$ Amount:**

**bank\_1\_date\_closed:**

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## Best Contact

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