

Financial App Form

Page 1

Name: Raymond Bowman

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1933-10-24

Your Home Address

Street Address: 68 South Genesee Street

Address Line 2: P.O. Box 136

City: Fillmore

State/Region/Province: NY

home_postal_zipcode: 14735

Spouse

spouse info:

Demographics

you selected:

Employment status:

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

Currently own: Yes

equity value of your home:

your monthly bill:

Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Medicare #: 3G44MT5CG60

Your Income Info Social Security

Name of payer: SSA

Amount: 1800.00

Frequency: Monthly

Financial App Form

Pension

Name of payer:

Amount: 2048.79

Frequency: Monthly

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

Financial App Form

Company Name:

Approx. Value:

Annuity

Company Name: Lincoln Financial Group

Approx. Value: cash surrender 12226.11 2/15/2024

IRA

Company Name: T. Rowe Price

Approx. Value: 234264.58

Banking info

Bank #1

Bank: Summit FCU

Account #: 1001819771

\$ Amount: 9513.00

bank_1_date_closed:

Bank #2

Bank:

Account #: 8900619602

\$ Amount: 47023.25

bank_1_date_closed:

Bank #3

Bank: summit 18 month share

Account #:

\$ Amount: 29932.65

bank_1_date_closed:

Best Contact

Name: Lisa Cupo

Email: finance@houghtonrnc.com
