

Financial App Form

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Name: Sandra Christ

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1956-09-25

What is your Medicaid ID #: BR54198U

Your Home Address

Street Address: 6035 S. Transit Road

Address Line 2:

City: Lockport

State/Region/Province: NY

home_postal_zipcode: 14094

Address

Street Address: The Grand Rehab & Long-Term Facility (07/24/24-8/14/2024)

Address Line 2:

City:

State/Region/Province:

home_postal_zipcode:

Spouse

spouse info: Never married

Demographics

you selected:

Employment status: retired

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

Renting: Yes

Rent:

your monthly bill:

Insurance Info

Name of Homeowners insurance:

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Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Medicare #: 4GU8DV6WU68

Your Income Info Social Security

Name of payer: SSI

Amount: 1313

Frequency:

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:

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Garantor:

Trustee:

Amount:

Your Investments Stocks

Company Name:

Approx. Value:

Bonds

Company Name:

Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

Banking info Bank #1

Bank: M&T Checking

Account #:

\$ Amount: 500

bank_1_date_closed:

Bank #2

Bank: M&T Savings

Account #:

\$ Amount: 6000

bank_1_date_closed:

Bank #3

Bank:

Account #:

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\$ Amount:

bank_1_date_closed:

Best Contact

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