

# Financial App Form

## Page 1

**Name:** Sandra Diaz

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

**Date Of Birth:** 1961-07-05

**What is your Medicaid ID #:** AW02129X

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### Your Home Address

**Street Address:** 4460 Union Hill Road

**Address Line 2:**

**City:** Hinsdale

**State/Region/Province:** NY

**home\_postal\_zipcode:** 14743

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### Address

**Street Address:** 4460 Union Hill Road

**Address Line 2:**

**City:** Hinsdale

**State/Region/Province:** NY

**home\_postal\_zipcode:** 14743

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### Spouse

**spouse info:** Never married

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### Demographics

**you selected:**

**Employment status:** unemployed

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

**your monthly bill:** N/A

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### Your Income Info Social Security

**Name of payer:** SSI/SSP

**Amount:** \$943/\$694

# Financial App Form

**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:**

**Garantor:**

**Trustee:**

**Amount:**

**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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## Best Contact

**Name:** Tricia Doyle

**Email:** triciadoyle7@yahoo.com

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