

Financial App Form

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Name: Shirley Depo

Name of the nursing home: Plattsburgh Rehabilitation

Date Of Birth: 1948-01-18

What is your Medicaid ID #:

Your Home Address

Street Address: 34 Flynn Ave

Address Line 2: Apt.210

City: Plattsburgh

State/Region/Province: NY

home_postal_zipcode: 12901

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: \$364

your monthly bill:

Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Life Insurance (including through an annuity): Yes

Medicare #: 6V94-CY1-RR91

HMO Name and ID #:

Life Insurance provider: AARP

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Cash Value:

Policy #: A3041593

Your Income Info Social Security

Name of payer: Shirley Depo

Amount: \$1680

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:

Financial App Form

Trustee:

Amount:

Your Investments Stocks

Company Name:

Approx. Value:

Bonds

Company Name:

Approx. Value:

Annuity

Company Name:

Approx. Value:

IRA

Company Name:

Approx. Value:

Best Contact

Name: Julie Stanley

Email: mamajulezs@gmail.com
