

Financial App Form

Page 1

Name: Sidney Potter

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1940-02-08

What is your Medicaid ID #: HF38317E

Your Home Address

Street Address: 28 Prospect Street

Address Line 2:

City: Fillmore

State/Region/Province: NY

home_postal_zipcode: 14735

Address

Street Address: 292 Main Street

Address Line 2:

City: East Aurora

State/Region/Province: NY

home_postal_zipcode: 14052

Spouse

spouse info: Never married

Demographics

you selected: Filed taxes in the past 4 years

Employment status: retired

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

your monthly bill: 193.01

Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Financial App Form

Medicare #: 3GN7FP6QE72

HMO Name and ID #: UHC- 980813609

Your Income Info Social Security

Name of payer:

Amount: 1780.20

Frequency: Monthly

Pension

Name of payer:

Amount: 2622.83

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:

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:

Banking info Bank #1

Bank: Allegany Credit Union

Account #: checking

\$ Amount: 4501.45

bank_1_date_closed:

Bank #2

Bank: Allegany Credit Union

Account #: savings

\$ Amount: 5

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

Financial App Form

bank_1_date_closed:

Funeral Info
Irrevocable prepaid burial setup

Funeral Home

Name: Weeks Funeral Home- Warsaw NY

Price: 8190

Best Contact

Name: Lonnie Martin

Email:
