

Financial App Form

Page 1

Name: Steven JOHNSON

Name of the nursing home: Houghton Rehabilitation and Nursing Center

Date Of Birth: 1962-02-16

What is your Medicaid ID #: BH55739K

Your Home Address

Street Address: 245 Champlain Street

Address Line 2:

City: Rochester

State/Region/Province: NY

home_postal_zipcode: 14608

Spouse

spouse info: Never married

Demographics

you selected:

Employment status: unemployed

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

your monthly bill:

Your Income Info Social Security

Name of payer:

Amount: 900

Frequency: Monthly

Pension

Name of payer:

Amount:

Frequency:

Pension

Financial App Form

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

Company Name:

Approx. Value:

Annuity

Company Name:

Approx. Value:

Financial App Form

IRA

Company Name:

Approx. Value:

Best Contact

Name: Bethany Johnson

Email: