

Financial App Form

Page 1

Name: Wayne Whiteside

Name of the nursing home: Delhi Rehab and Nursing Center

Date Of Birth: 1952-08-22

What is your Medicaid ID #: DR49634E

Your Home Address

Street Address: 4 Union Street Apt 6

Address Line 2:

City: Sidney

State/Region/Province: NY

home_postal_zipcode: 13838

Spouse

spouse info: Divorced in past 5 years

Demographics

you selected:

Employment status: retired

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

Renting: Yes

Rent: 825

your monthly bill:

Insurance Info

Name of Homeowners insurance:

Have Medicare: Yes

Have Medicare Replacement (Like UHC Medicare): Yes

Medicare #: 6WX9-RJ9-VW34

Your Income Info Social Security

Name of payer: SSA

Amount: 1063

Financial App Form

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:

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:

Banking info

Bank #1

Bank: Community Bank

Account #:

\$ Amount: 3,000

bank_1_date_closed:

Bank #2

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Bank #3

Bank:

Account #:

\$ Amount:

bank_1_date_closed:

Best Contact

Name: Wayne Whiteside

Email: