



## Patriot Guard Riders New York Inc.

PO Box 637  
Wappingers Falls, NY 12590

Telephone: 585-866-1PGR (585-866-1747) • Fax: 888-796-6594  
Website: www.pgrny.org



Help On The Homefront (HOTH) is a volunteer outreach program that may provide one-time financial support and assistance to U.S. Armed Forces veterans who are experiencing a hardship that is connected to a service related disability; whether injury, illness and/or PTSD. The existence of these conditions must be documented and verified by the U.S. Department of Veterans Affairs and/or the Department of Defense.

This assistance may also be available to an immediate family member (mother, father, sibling, son or daughter) of a U.S. Armed Forces member who is or qualifies as a Gold Star Family member. Assistance may also be available to an immediate family member who is, or qualifies as a Blue Star Family member of a deployed active duty soldier who is currently serving in a theater of combat operations.

If these criteria are met and the veteran is experiencing a particular financial hardship, he or she may fill out an application for HOTH Veteran's Assistance where a determination will be made if he or she may qualify for any financial help.

***After reviewing a veteran's request for assistance, a referral to other agencies for support with counseling, financial management or benefit application may take place.***

**All cases are reviewed individually and are based on merit.**

Qualification guidelines for HOTH Veteran's Assistance:

- Currently receiving VA Service Connected or DOD Service Connected disability benefit resulting from deployment to a theater of combat operations
- Must have been discharged under other than Dishonorable conditions

Veteran and/or their Case Worker must be able to supply the following for processing the application:

**Thoroughly completed HOTH Veteran's Assistance Application form**

- **VA and/or DOD documentation reflecting the percent Service Connected disability currently being received**
- **DD-214 - must be fully readable, please block out your SSN**
- **Most recent 2 months bank account statements**
- **Copy of legitimate invoices, quotations/estimates, etc. relative to the basis of the request for assistance**

### **Additional instructions:**

Completing this form on a computer is recommended as all like fields will self populate and all calculations are built into the form. The application form is self explanatory. It is highly recommended that you have a Case Worker assist you in completing the application. If you have any questions or are having any issues completing this form, contact PGRNY by leaving a detailed message at **585-866-1PGR (585-866-1747)** and someone will return your phone call.

### **Section 2 - Consent**

Read the Consent carefully before signing. This section must be signed and dated by both the requester and a witness. PGRNY - HOTH **will not be able to proceed** with the request without this section being properly completed.

### **Section 9a - General Financial Information**

Assistance is normally financial and there are reasons why a financial crisis has happened; we need to know what actions are being taken to prevent any future occurrences again. Please be as detailed as possible.

### **Section 9b - Monthly Financial & Section 10 - Bi-monthly, Quarterly & Annual Financials**

Filling in these sections with a computer is recommended as all calculations are built into this form. Be as accurate as possible with the information provided. In addition to completing these sections, bank statements (all checking and saving accounts) for the most recent two months must be supplied (*please black out the account number information*).

### **How to submit completed application form:**

Directions on how to submit your completed application are on page 7 of the form.



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## Section 1 - Veteran's/Contact Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

*To be answered if immediate family member of a Gold Star or Blue Star Family requesting assistance only:*

Service Member's Name: \_\_\_\_\_

Relationship to Service Member: \_\_\_\_\_

### Form Completed By (If Other Than Applicant):

Filled Out by: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

## Section 2 - Consent

*Read the Consent carefully before signing. This section must be signed by the requester in the presence of a witness, who must also sign and date the Consent. PGRNY - HOTH will not be able to proceed with the request without this section being properly completed.*

I, \_\_\_\_\_ hereby give my consent to Patriot Guard Riders of New York, Inc. (PGRNY) to share my information including, but not limited to, my financial, medical, and any other information, which may be deemed pertinent, with other agencies for the purpose of gaining assistance, services, or benefits through and related to PGRNY Help on the Homefront (HOTH). All information I have supplied on the HOTH Veteran Assistance form is truthful to the best of my knowledge. I additionally, hereby give permission to PGRNY to use my name and photographic likeness in all forms of media for advertising, trade and other lawful purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (print name): \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 3 - Case Worker Information

Case Worker Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Agency: \_\_\_\_\_



Name: \_\_\_\_\_

Request Date: \_\_\_\_\_

**Section 6 - Employment History Since Military Discharge**

Year Range	Employer

**Section 7 - Medical Information**

Disabled?                      Yes                       No                       Benefits Other?                      Yes                       No

Receiving VA Benefit?                      Yes                       No                       Receiving Medical Treatment?                      Yes                       No

Are you receiving Social Security Disability Benefits?                      Yes                       No

Your VA disability rating %: \_\_\_\_\_

Do have a DoD disability rating?                      Yes                      No                      If yes, what %: \_\_\_\_\_

***(Please attach your VA and/or DoD Military Service Connected Disability paperwork.)***

Primary Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_                      State: \_\_\_\_\_                      Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_                      Fax #: \_\_\_\_\_

***For section for internal use only:***

*Continued on next page*

Name: \_\_\_\_\_ Request Date: \_\_\_\_\_

**Section 8 - Personal Information**

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Spouse's place of employment: \_\_\_\_\_

Number of dependent children: \_\_\_\_\_ Ages: \_\_\_\_\_

Do you have other people living with you? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of people: \_\_\_\_\_

*If you have additional people living with you, please complete the information below.*

Name	Relationship	Place of Employment

How many vehicles/motorcycles are owed by members of this household: \_\_\_\_\_

Please list all vehicle years, makes and models:

Year	Make and Model

**Section 9a - General Financial Information**

HOTH Veterans Assistance Request are primarily financial in nature. List what steps or actions, including counseling, courses, fiduciary, re-mortgage, etc. are being taken to correct the financial burden being experienced.


**Continued on next page**

Name: \_\_\_\_\_

Request Date: \_\_\_\_\_

**Section 9b - Monthly Financial Information**

Use this section for **MONTHLY INCOME** and **MONTHLY EXPENSES** only.

MONTHLY INCOME SOURCE (All household members)	AMOUNT
<b>TOTAL INCOME:</b>	

MONTHLY EXPENSES (All household members)	AMOUNT
Mortgage/Rent	
Home/Renters Insurance	
Property Tax (if not included in monthly Mortgage)	
Gas	
Groceries	
Cable	
Internet Access	
Medical/Dental Insurance Premiums	
Medical/Dental Out of Pocket Costs	
Pharmacy	
Utilities: Heat, Electricity, Water, etc.	
Telephone/mobile Device(s) Contract	
Car Payment	
Car Insurance	
Credit Card Payments	
Other Loan Payments	
Child Support Payments	
Misc. List:	
Misc. List:	
Misc. List:	
<b>TOTAL EXPENSES:</b>	

*Please remember to submit your most recent two months bank account statements. This includes both checking accounts and any savings accounts.*

*If you do not have any bank accounts check here:*

No checking accts     No Savings Accts

<b>INCOME LESS EXPENSES BALANCE:</b>	
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**Section 10 - Bi-monthly (BI), Quarterly (QTR), or Annually (AN) Financial Information**

Use this section for all **Bi-Annual, Quarterly** or **Annual Income** or Expenses.

BI, QTR or AN	INCOME	AMOUNT

BI, QTR or AN	EXPENSES	AMOUNT

Name: \_\_\_\_\_

Request Date: \_\_\_\_\_

**Section 11 - Additional Financial Information**

ASSETS	AMOUNT
Positive Checking/Debit Acct Balance	
Savings Account Balance	
Retirement Savings (IRA, 401K,etc.)	
Estimated Home Value	
Investments	
Estimated Vehicle(s) Value	
Other Significant Assests	
<b>TOTAL ASSESTS:</b>	

LIABILITIES	AMOUNT
Negative Checking/Debit Acct Balance	
Credit Card Balances	
Mortgage Balance	
Vehicle(s) Loan(s) Balance(s)	
Health Care Debit	
Student Loan Balances	
Other Loan(s) Balances	
<b>TOTAL LIABILITIES</b>	

FINANCIAL HISTORY SUMMARY	
HAVE YOU EVER:	CHECK YES or NO
Declared Bankruptcy	YES _____ NO _____
Experienced Foreclosure	YES _____ NO _____
Experienced Repossession	YES _____ NO _____
Experienced Garnishments or Judgments	YES _____ NO _____

**HOW TO SUBMIT COMPLETED FORM**

Please sign and have the Consent portion of the form witnessed. Also remember to submit copies of any paperwork to support what you are requesting, two most recent months bank account statements AND a copy of your DD-214 (*please black out your SSN & account numbers on all paperwork prior to submitting*).

**Submission options:**

- Email to: [HOTH@pgrny.org](mailto:HOTH@pgrny.org) *with all required paperwork*, also list veteran's First & Last Name in the 'subject line" of the email.

- Fax to: **888-796-6594** *with all required paperwork*.

If you Fax your form and do not hear from us within 72 hours, confirm that your fax was received by calling our answering service at:  
**585-866-1PGR (585-866-1747)**

Leave us a message including your name and phone number and we will get back to you.

- Physically mail to: **PGRNY, Attn: HOTH; P.O. Box PO Box 637, Wappingers Falls, NY 12590** *with all required paperwork*.