



Patriot Guard Riders New York Inc.

PO Box PO Box 12445
Rochester NY 14612

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



HOTH VETERAN'S ASSISTANCE APPLICATION

To qualify for assistance due to a hardship, it must be connected to a **service related disability**. **It is recommended that a case worker or veteran representative work with the veteran that is applying for financial aid.** Completing this form on a computer is recommended as all like fields will self populate and all calculations are built into the form. If you are having any issues completing this form, please contact PGRNY by leaving a message at 585-866-1PGR (585-866-1747) and someone will return your phone call.

This assistance is also available to Gold Star and Blue Star Families who are experiencing hardships due to their loved ones loss or deployment. These cases are reviewed individually and are based on merit.

Please sign and have this the form witnessed.

Submission options:

1. Email to: HOTH@pgrny.org with a copy of the veteran's DD-214, also list veteran's First & Last Name in the 'subject line' of the email.
2. Fax to: 888-796-6594 with a copy of the veteran's DD-214, also list veteran's First & Last Name on the Fax cover sheet.
3. Physically mail to: PGRNY, Attn: HOTH; P.O. Box 12445; Rochester, NY 14612 with a copy of the veteran's DD-214

Section 1 - Veteran's Information

Name: _____ Date: _____

Address: _____ Phone #: _____

City: _____

State: _____ Zip: _____

Email: _____

Section 2 - Consent

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: _____

Name: _____

Request Date: _____

Section 3 - Case Work Information

Case Worker Name: _____

Phone #: _____

Email: _____

Agency: _____

Section 4 - Assistance Requested

In the space below, please provide the reason for your request and if the reason is related to your military service.

In the space below, please provide the specific details of your request (i.e. is there a specific bill or bills that you are unable to pay? If so, what are the amounts of those bills and the due dates.)

Section 5 - Military Service

	USAF	USA	USCG	USN	USMC
Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reserves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date entered into Service: _____ Grade or rank achieved: _____

Date Discharged: _____ Honorable: _____ Other than Honorable: _____

Continued on next page

Name: _____ Request Date: _____

Section 6 - 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

List any injuries, wounds, ailments and conditions related to your service including PTSD and if you are currently receiving treatment or counseling for and of these:

What is your military disability rating %: _____ Or your VA disability rating %: _____

Primary Doctor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Section 7 - 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: _____

Continued on next page

Name: _____

Request Date: _____

Section 7 - Personal Information *continued*

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

Name	Relationship	Place of Employment

The remaining two pages are regarding the veteran's finances of income and expenses.

Name: _____

Request Date: _____

Section 8 - Monthly Financial Information

MONTHLY INCOME SOURCE (All household members)	AMOUNT
TOTAL INCOME:	

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:	
TOTAL EXPENSES:	

INCOME LESS EXPENSES BALANCE:	
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Section 9 - Bi-monthly, Quarterly, Annual Financial Information

BI, QTR or AN	INCOME	AMOUNT

BI, QTR or AN	EXPENSES	AMOUNT

Name: _____

Request Date: _____

Section 10 - 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	
TOTAL ASSESTS:	

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	
TOTAL LIABILITIES	

FINANCIAL HISTORY	
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 _____

Section 11 - Form Filled Out By (Other Than Applicant):

Filled Out by: _____

Phone #: _____

Email: _____