



## Patriot Guard Riders New York Inc.

PO Box 637  
Wappingers Falls, NY 12590

Telephone: 585-866-1PGR (585-866-1747)  
Website: www.pgrny.org



### ROCHESTER AREA HOTH WAREHOUSE FURNITURE REQUEST

Help on the Homefront (HOTH), a program of Patriot Guard Riders of New York (PGRNY), is designed to assist members of the Armed Services who require some financial assistance that are directly related to their service. The ROC HOTH Warehouse Furniture program is available to veterans in the Rochester Area Community **only**, who require furniture because of financial burdens, who have been honorably discharged.

*(Please read the following instructions and fill out all requested information.)*

#### Form Instructions

*(Failure to follow the following directions will delay the processing of your request.)*

#### In order for the Furniture Request to be processed:

- All fields need to be completed
- Section 2 - Patriot Guard Riders of New York, Inc. Consent/Release needs to be signed before a witness

#### The following documents must accompany the Furniture Request:

- A copy of your **DD-214**  
(Note: your Social Security Number may be blocked off on your DD-214)
- A government issued **photo-ID**

*(Further information or documentation may be requested at a later date.)*

#### Naming Convention for forms:

Furniture Request: Last Name\_First Name\_Furniture Request (i.e. Smith\_John\_Furniture Request)

DD-214: Last Name\_First Name\_DD-214 (i.e. Smith\_John\_DD-214)

Photo ID: Last Name\_First Name\_Photo ID (i.e. Smith\_John\_Photo ID)

#### Acceptable formats for scanned documents: .pdf; .jpg

The Furniture Request can be filled out prior to saving it to your computer. However, if you are unable to complete all the information, the form must be saved so that previously entered information will not be lost.

#### Submission options:

1. email to: **ROC-HOTH@PGRNY.org**  
email subject line: Last Name\_First Name\_Furniture Request
2. Fax to: **888-796-6594**

*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.*

3. Physically mail to: **PGRNY, Attn: HOTH; P.O. Box 637; Wappingers Falls, NY 12590**



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*(Please fill out all requested information.)*

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

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

**Address to where furniture is to be delivered:**

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

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

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

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

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

**If address is presently unknown:**

What is the anticipated move in date: \_\_\_\_\_

Can you provide means to pick up furniture?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Once you have a permanent address, please either call, fax or email us with the information. Please be sure to give the veteran's name and that it's regarding a Furniture Request application already on file.**

### Section 1 - Furniture Needed

Type of residence: \_\_\_\_\_ Studio    \_\_\_\_\_ One bedroom    \_\_\_\_\_ Two or more bedrooms

**An approved Furniture Request will only provide furniture for the veteran and dependent(s) under the age of 18 who are living with the veteran.**

In the space below, please provide any specific items needed (note: you will not be limited to the below list once you review the Warehouse stock):

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

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

**Section 2 - Patriot Guard Riders of New York Inc., Consent/Release**

I, \_\_\_\_\_, hereby give my consent and permission to Patriot Guard Riders of New York, Inc. (PGRNY) to use my name and photographic likeness in all forms of media for advertising, trade, and other lawful purposes. I agree and acknowledge that entry into the ROC HOTH Warehouse (herein referred to as the Warehouse) (located at 460 Buffalo Road; Business Park, Bldg. 250, Door TT; Rochester, New York 14611) can be dangerous and that hazards may exist which are not observable and that entry is solely at my own risk. I agree that I shall (i) use due care in my entry to the Warehouse, (ii) not undertake any act that may result in injury or death, and/or (iii) interfere with any activities at the Warehouse.

I understand and agree that PGRNY makes no claims, representations or warranties, whether expressed or implied, as to the safety, reliability, durability, or performance of any of the used furniture or other items that I may obtain through the HOTH Furniture program. Furthermore, I understand and agree that PGRNY accepts no liability for injury or death to any persons relating to the use of said furniture or other items obtained through the ROC HOTH Warehouse program.

On behalf of myself, my heirs, assigns, guardian, and legal representatives, I hereby waive any and all claims against PGRNY, its agents, officers, and/or representatives for damage, injury, death, or loss to person or property arising out of, or in connection with such entry by myself or any other person accompanying me, or entering at my direction, and shall indemnify, defend and hold PGRNY harmless from and against any injury, death, loss, damage or expense (including, without limitation, attorneys' fees) to persons or property arising out of, or in connection with, such entry to the Warehouse.

I agree and acknowledge that PGRNY will not allow me to enter the ROC HOTH Warehouse property without signing this release and this release is permitted to the fullest extent under the law.

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

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

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

**Section 3 - 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"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Net Active Time In Service: \_\_\_\_\_ Discharge:  Honorable  Less Than Honorable  Other

If Less Than Honorable or Other, Please Explain in Your Own Words: \_\_\_\_\_

Do you receive services through the VA?  Yes  No

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

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

**Section 4 - Financial Information**

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

<b>MONTHLY EXPENSES (All household members)</b>	<b>AMOUNT</b>
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>	

<b>INCOME LESS EXPENSES BALANCE:</b>	
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If you have a **Case Worker within the VA System**, provide the following information:

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

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