



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: PGRNY.org



VETERAN'S FINANCIAL ASSISTANCE - A HELP ON THE HOMEFRONT (HOTH) PROGRAM

In order to utilize the fillable fields via computer, you must **download and save this form to your computer. DO NOT** try to fill in form when opened in browser window. Save form to desktop, tablet, or cell phone, then open document. *Adobe PDF Reader is recommended.*

After reviewing a Veteran's Financial Assistance application, 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.**

Qualifications:

- Title 38 of the Code of Federal Regulations defines a veteran as "**a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable.**" This definition explains that any individual that completed a service for any branch of armed forces classifies as a veteran as long as they were not dishonorably discharged.
- **Guard & Reserve members are eligible if:** they have reached 20 years of service, even if they were never activated on a [federal] order for more than 180 days outside of training, will now be considered a veteran. Or if they were activated for more than 180 days consecutively and they were not dishonorably discharged.
- If "Other Than Honorable", the cause will be reviewed for acceptability within this program.
- **Have NOT received any other assistance through PGRNY HOTH Assistance programs**

Veteran and/or their Case Worker must be able to supply the following for processing the application. (Please **Do NOT supply screen-shots or jpg, png or gif images.** We **MUST** have pdf documents in order to process your application.)

- DD-214 - must be fully readable, please **block out your SSN** (if unreadable, also submit VA discharge print-out)
- Most recent 2 months of **ALL bank account statements** from all bank account holders in the household. If no bank accounts, then statements from Direct Express card or similar electronic debit card. You may block out account numbers, but do not block out dates of statements.
- Copy of legitimate invoices, min. 2 quotations/estimates, etc. relative to the basis of the request for assistance
- Must include photo copy of state issued ID (driver's license or state ID) or Military ID
- **Thoroughly** completed Veteran's Financial Assistance Application - **do not leave any questions blank.**

If the application form and required support documentation is NOT supplied per the instructions, you will be contacted as your application will NOT be processed until everything is supplied.

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 585-866-1747 and someone will return your phone call.
- It is important that in the narrative portions of this application, you clearly explain what caused your financial hardship and the corrective action you've taken to avoid situation in the future are clearly written out.
- Directions on how to submit application and support documentation is contained on the last page of this application form.

Applications will be processed by Patriot Guard Riders of New York HOTH Team Member and final determination made by PGRNY Board of Directors.



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



VETERAN'S FINANCIAL ASSISTANCE APPLICATION

Section 1 - Veteran's/Contact Information

Name: _____

Date: _____

Address: _____

Phone #: _____

City: _____

State: _____ Zip: _____

Email: _____

Office Use

Method Received: _____

Date Rec: _____

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. 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 Veteran's Financial Assistance Application is truthful to the best of my knowledge. I fully understand that any false or misleading information may cause me to be ineligible for consideration for any PGRNY HOTH Veterans Assistance programs.

Signature: _____ Date: _____

You must sign the consent portion of this form. Authorized electronic signatures are acceptable.

VETERAN'S FINANCIAL ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 6 - Employment History Since Military Discharge

List all jobs since your discharge. You may attach a resume and/or an additional sheet of employment if needed.

Year Range	Employer

Section 7 - Medical/Disability Information

Disabled? Yes No Benefits Other? Yes No

Receiving VA Benefit? Yes No If YES, what is your percent SC rating? _____%

Are you receiving Social Security Disability Benefits? Yes No

Do have a DoD disability rating? Yes No If YES, what is your percent SC rating? _____%

If disabled, does your disability prevent you from working? Yes No

Section 8 - Personal Information

Please list **only household members 18 yrs or older living with you**. If you are paying Child Support there is space on the Financial Section of this application for you to complete amounts being paid out.

Number of dependent children: _____ Ages: _____

If you have additional adults living with you (including adult children), please complete please complete the information below.

Name	Relationship	Place of Employment

VETERAN'S FINANCIAL ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 9b - Monthly Financial Information - List ALL Household Members Income

Use this section for **MONTHLY INCOME** received by the household (includes spouses/partner/household members income) and **MONTHLY EXPENSES** only.

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 (Vehicles)	
Groceries	
Cable	
Internet Access	
Medical/Dental Insurance Premiums	
Medical/Dental Out of Pocket Costs	
Pharmacy	
Utilities: Heat, Electricity, Water, Gas, Oil, 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:	

The above income should also include the amount you may be receiving from **SNAP (food stamps)** and any type of income you receive on a monthly basis.

INCOME LESS EXPENSES BALANCE:	
--------------------------------------	--

Please remember to submit your most recent two months bank account statements (this includes ALL checking and savings) or your Direct Express or similar payment card statements. This includes all checking accounts, all savings accounts, and all Direct Express or similar payment card statements of the household.

If you do not have any statements, check here:

- No Direct Express or similar statements**

 No Checking Accts

 No Savings Accts

If no statements available, please explain:

VETERAN'S FINANCIAL ASSISTANCE APPLICATION

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 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 _____

If there are any other factors we should consider, please list here:

VETERAN'S FINANCIAL ASSISTANCE APPLICATION

Name: _____ Request Date: _____

HOW TO SUBMIT VETERAN'S FINANCIAL ASSISTANCE APPLICATION FORM

Please make sure your submitted documents are pdf files and NOT screen shots or images such as jpg or png.

This is a check list of what **MUST** be included with this thoroughly completed application. Please check off the items and if they are not included, explain why not.

- Application thoroughly completed, and **Section 2 - Consent** signed and witnessed.
- Copy of photo ID, either Drivers License or VA ID card.
- Copies of legitimate invoices, quotations/estimates, etc. relative to the basis of the request for assistance
- Thoroughly complete **Section 9b - Monthly Financial Information.**
- Readable copy of DD-214 with Social Security Number blocked out.
- Most recent 2 months of **ALL checking and savings bank account(s)** statements of all household members, with account numbers blocked out or statements from Direct Express card or similar electronic debit card.

List any additional comments here:

Your information will be kept completely confidential. Follow submission instructions below.

METHOD TO SUBMIT	DIRECTIONS
Email to: HOTH@pgrny.org	<ul style="list-style-type: none"> Include all requested support documentation List the veteran's name in the subject line of the email <p style="text-align: center;"><i>(Scan as PDF and email is the preferred method of submitting.)</i></p>
FAX to: 888-796-6594	<ul style="list-style-type: none"> Include all requested support documentation List the veteran's name on the cover sheet of the FAX <p style="text-align: center;"><i>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.</i></p>

Please remember, the application must be processed and if the veteran meets our guidelines, the application and supporting documentation will go to our Board of Directors for either approval or denial of assistance.