



## 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

Patriot Guard Riders of New York Inc. (PGRNY) is a **501(c)3 nonprofit, 100% volunteer organization**. We are not funded by the state or federal government and are able to provide veteran assistance only through the generosity of the communities we serve in the form of donations to our programs.

PGRNY Board of Directors (BOD) have the fiduciary responsibility to use our funds as intended by the donors. The BOD considers many factors when reviewing a request: income level, military service, work history, and the situation that caused the financial hardship to name a few.

#### Instructions:

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.*

- 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.
- Directions on how to submit the application and support documentation is contained on the last page of this application form.
- It is important that the narrative portions of this application be completed. You must clearly explain and write out what caused your financial hardship and the corrective action you've taken to avoid this situation in the future.
- **If the application form and required support documentation is NOT supplied per the instructions, you will be contacted and your application will NOT be processed until everything is supplied. Do not supply screen-shots, jpg, png or other graphic file formats, we must have documents as pdf files (.pdf, .doc, .docx, or Apple equivalents.)**

#### Qualifications:

- Must be a veteran of the US Armed Forces and other than dishonorably discharged
- Must have served minimum of 180 days regular service not counting training/boot camp
- National Guard or Reserves must have 20 years in or have been deployed by Federal Orders for 180 days or more consecutively

#### Thoroughly completed HOTH Veteran Financial Assistance Application form and the following support documents:

- DD-214 - must be fully readable. Social Security Number should be blocked out.
- Most recent 2 months bank account statements or electronic debit card type statement of all income for household members **(include any PAY APP statements)**
- Copy of state issued photo ID, or Military ID, or VA ID
- Copy of legitimate invoices, minimum of 2 quotes, etc. relative to the basis of the request for assistance

#### Eligible Expenses for Consideration:

- Household expenses – mortgage, rent, repairs, insurance
- Vehicle expenses – payments, insurance, repairs *(major repairs for vehicles over ten years old will not be considered)*
- Utilities, internet/cable, water

#### Ineligible Expenses:

- Lawyers fees, court fees, legal tickets and/or fines
- Spousal or child support
- Furniture, electronic equipment or vehicle rentals
- Expenses not determined to be basic life necessities
- Normal home & car maintenance
- Repair bills after repairs are completed

**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: \_\_\_\_\_

Office Use

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

Method Received: \_\_\_\_\_

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

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: \_\_\_\_\_

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

#### 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, misleading information or intentionally omitted information may cause me to be ineligible for consideration for any PGRNY HOTH Veterans Assistance programs.

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

# VETERAN'S FINANCIAL ASSISTANCE APPLICATION

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

## Section 3 - Case Worker Information

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

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

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

Have you applied to any other agency/organization for assistance in the past 12 months?  YES  NO

If you have applied for assistance through any other agency or organization within the last 12 months, please list the requested information for each below. *(please use addition pages if you require more listings.)*

Name of Agency/Organization	Contact Name	Contact's Phone Number

## Section 4 - Assistance Requested

What is the Amount Requested: \$ \_\_\_\_\_

You **MUST EXPLAIN** what caused the financial crisis and you must submit copies of either bills or at minimum 2 quotations to support the amount you are asking for above. We must have this information in order for us to process this application. (ie. Financial hardship caused by loss of job or low income and unexpected repair, etc. We need to know why your don't have the funds.)

---

---

---

---

---

---

---

---

---

---

## Section 5 - 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

## VETERAN'S FINANCIAL ASSISTANCE APPLICATION

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

### Section 6 - 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:** \_\_\_\_\_

If **Other than Honorable or Under Honorable Conditions**, please explain in your own words what caused discharge to be other than HONORABLE or UNDER HONORABLE condition.:

### 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, this includes spouse or partners**. 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 the information below.*

Name	Relationship	Place of Employment



## VETERAN'S FINANCIAL ASSISTANCE APPLICATION

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

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

### Section 11 - 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
<b>TOTAL INCOME:</b>	

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: _____	
<b>TOTAL EXPENSES:</b>	

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.

<b>INCOME LESS EXPENSES BALANCE:</b>	
--------------------------------------	--

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 for your **entire household, spouses/partners, etc.**

*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 12 - 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 _____

**Summary - 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:  <b>HOTH@pgrny.org</b>	<ul style="list-style-type: none"> <li>Include all requested support documentation</li> <li>List the veteran's name in the subject line of the email</li> </ul> <p style="text-align: center;"><i>(Scan as PDF and email is the preferred method of submitting.)</i></p>
FAX to:  <b>888-796-6594</b>	<ul style="list-style-type: none"> <li>Include all requested support documentation</li> <li>List the veteran's name on the cover sheet of the FAX</li> </ul> <p style="color: red;"><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: <b>585-866-1PGR (585-866-1747)</b>. 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.**