



## 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



### VETERANS FINANCIAL ASSISTANCE - A HELP ON THE HOMEFRONT (HOTH) PROGRAM

The eligible and ineligible expense lists are not all inclusive. Each case will be carefully reviewed for its own merits. If approved, payments will be made for you directly to the creditor. The applicant must provide current past due bills containing the remit to information they want considered or 2 quotes for repair work to be considered. We will render payment for eligible past due current bills only or the approved quotation for repair work is ordered and completed. All applications are individually reviewed and PGRNY Board of Directors reserves the right to make exceptions on a case-by-case basis. It is important that the financial hardship was beyond the veterans control.

**PGRNY is a 501(c)(3) 100% volunteer organization.**

#### **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 as not all internet browsers will save your input. 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 are 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

#### **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

#### **Support documents to accompany completed application:**

- DD-214 - must be fully readable. Social Security Number should be blocked out.
- Most recent **3 months of ALL bank account statements checking/savings** or electronic debit card type statement of all income for ALL 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

#### **Ineligible for Program:**

- 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
- Vehicle rentals
- Repair bills after repairs are completed
- Any prior PGRNY assistance in the past

# VETERANS 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: \_\_\_\_\_

Relationship to veteran: \_\_\_\_\_

## Section 2 - Case Worker Information

Case Worker Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

## Section 3 - 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.

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

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

# VETERANS FINANCIAL ASSISTANCE APPLICATION

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

## Section 4 - Other Agencies

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 #

Are you still receiving assistance from any of the above listed agencies?  YES  NO

If yes, please list which one(s): \_\_\_\_\_

## Section 5 - Assistance Requested *(please attach separate sheets if you require more room)*

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.)

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## Section 6 - Corrective Action - Long Term Recovery Plan - You MUST fill in this out.

HOTH Veterans Financial Assistance request are financial in nature. List what steps or actions, including counseling, courses, fiduciary, re-mortgage, etc. are being taken to correct the financial crisis presently being experienced so as to avoid in the future.

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## VETERANS FINANCIAL ASSISTANCE APPLICATION

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

### Section 7- 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: \_\_\_\_\_

Type of Discharge:     Honorable     Uncharacterized     Under Honorable     Other than Honorable

If **Uncharacterized, Under Honorable Conditions** or **Other than Honorable**, please explain in your own words what caused this type of discharge:

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Are you disabled?     Yes     No    If YES, are you able to work?     Yes     No

If you are disabled and unable to work, you **MUST** supply a letter or document from an authorized medical professional or authorized veteran agency that indicates that your disability prevents you from being employed. For Service Connected Disabled, the VA SC letter indicates your employment status, or an SSI disability letter.

Are you receiving VA Service Connected Pay?     Yes     No    If yes, SC %? \_\_\_\_\_ Monthly Amt: \$ \_\_\_\_\_

Are you receiving Social Security Benefits?     Yes     No        Disability     Retirement

Are you receiving any other benefits?     Yes     No    If yes, from: \_\_\_\_\_

### Section 8- Counseling/Course Information

*You may include documentation of counseling/therapy/courses that you've taken from the agency or counselor instead of filling this section out.*

Have you received any counseling/therapy/course study from any agency?     Yes     No

*Please list **ALL Agencies** where counseling/therapy/courses are presently being taken or have been taken.*

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

## VETERANS FINANCIAL ASSISTANCE APPLICATION

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

### Section 9 - 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 10 - Additional Household 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

If you have dependent children living with you, do you have legal custody of those children?  Yes  No

Do you pay a court ordered monthly child support?  Yes  No If yes, the amount paid: \_\_\_\_\_

If you pay court ordered child support, are you behind in Payments?  Yes  No

Comments about any household members, adults or children:

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How many vehicles/motorcycles are owed by members of this household: \_\_\_\_\_ Please list all vehicle years, makes and models below.

Year	Make and Model

## 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 **ALL** household members (*includes spouses/partner/household members income*) and **ALL MONTHLY HOUSEHOLD EXPENSES**.

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.

*You must list Misc. detail, what it the monthly payment for?*  
*You must list Misc. detail, what it the monthly payment for?*  
*You must list Misc. detail, what it the monthly payment for?*

<b>REMAINING BALANCE:</b>	
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**Misc. List: - Please be sure to give us details on all misc. monthly expenses to be considered.**

Please remember to submit your most recent **THREE** months bank account statements (**this includes ALL checking and savings**) or your EBT, Direct Express or similar payment card statements for your **entire household, spouses/partners, etc.** Also if you use a payment app service like Venmo, Zelle, Dave, etc, we **must** that statements to show where that money was paid.

**If no statements available, please explain:**

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## 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	If YES, what DATE?
Declared Bankruptcy	YES _____ NO _____	
Experienced Foreclosure	YES _____ NO _____	
Experienced Repossession	YES _____ NO _____	
Experienced Garnishments or Judgments	YES _____ NO _____	
Do you have a Fiduciary?	YES _____ NO _____	

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

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# 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 3 - 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 **Sections 10 & 11 - Monthly Financial Information and the Assets & Liabilities.**
- Readable copy of DD-214 with Social Security Number blocked out.
- Most recent **3 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.
- Copies of statements from any payment apps used, such as Venmo, Zelle, Dave, etc.

List any additional comments here:

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

METHOD TO SUBMIT	DIRECTIONS
<p style="text-align: center;">Email to:</p> <p style="text-align: center; font-size: 1.2em;"><b>HOTH@pgrny.org</b></p>	<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; margin-top: 10px;"><i>(Scan as PDF and email is the preferred method of submitting.)</i></p>
<p style="text-align: center;">FAX to:</p> <p style="text-align: center; font-size: 1.2em;"><b>888-796-6594</b></p>	<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="text-align: center; margin-top: 10px;"><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.**