



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 FURNITURE 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, close all forms that are open, THEN open the saved form from the saved location.

Veteran's Furniture Assistance Program is a volunteer outreach program that may provide a one-time delivery of **new furniture** to U.S. Armed Forces veterans who are in financial need and have been a resident of an in-house program with Veterans Affairs or other valid veteran agency. The existence of these conditions must be documented and verified by the valid agency where the veteran has received treatment.

If these criteria are met and the veteran will be moving to their own housing, he or she may fill out an application for Veteran's Furniture Assistance where a determination will be made if he or she may qualify for our Veteran's Furniture Assistance Program.

All cases are reviewed individually and are based on merit.

Qualification guidelines for Veteran's Furniture Assistance:

- Must have completed a full tour of duty with the US Armed Forces or a coded DD-214 for early separation which is acceptable to PGRNY
- Have been or are currently finishing in-house therapy/counseling through a valid veterans agency
- Must have been discharged under other than Dishonorable conditions (if Other Than Honorable, the cause will be reviewed for acceptability within this program.)
- Have NOT received financial assistance through the Veteran's Financial Assistance program

Veteran and/or their Case Worker must be able to supply the following for processing the application:

Thoroughly completed Veteran's Furniture Assistance Application form

- **DD-214 must be fully readable. Social Security Number should be blocked out**
- **Documentation supporting in-house therapy through valid agency**
- **Most recent 2 months bank account statements**
- **Must include photo copy of state issued ID (driver's license or state ID)**

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 a Case Worker assist the veteran in completing the application. If there are any questions or issues in completing this form, contact PGRNY by leaving a detailed message at 585-866-1PGR (585-866-1747) and someone will return the call.

Section 2 - Consent

Read the Consent carefully before signing. This section must be signed and dated by both the requester and a witness. PGRNY - HOTH **will not be able to proceed** with the request without this section being properly completed.

Section 9 - Monthly Financial & Section 10 - Bi-monthly, Quarterly & Annual Financials

Filling in these sections with a computer is recommended as all calculations are built into this form. Be as accurate as possible with the information provided. In addition to completing these sections, bank statements (all checking and saving accounts) for the most recent two months must be supplied (*please black out the account number information*).

How to submit completed application form:

Directions on how to submit the completed application are on page 7 of the form.

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



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VETERAN'S FURNITURE ASSISTANCE APPLICATION

Section 1 - Veteran's Contact Information

Name: _____

Date of Request: _____ Phone: _____

Email: _____

Address to where furniture is to be delivered (This must be the new residence of the veteran):

Address: _____

City: _____

State: _____ Zip: _____

If address is presently unknown:

What is the anticipated move in date: _____

Once there is 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 Veteran's Furniture Assistance Application already on file.

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 by the requester in the presence of a witness, who must also sign and date the Consent. 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 Furniture Assistance Application is truthful to the best of my knowledge. I additionally, hereby give permission to PGRNY - HOTH 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: _____

VETERAN'S FURNITURE ASSISTANCE APPLICATION

Name: _____

Request Date: _____

Section 3 - Case Worker Information

Case Worker Name: _____

Phone #: _____

Email: _____

Agency: _____

Section 4 - 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, please explain in your own words: _____

Section 5 - 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

Your VA disability rating %: _____

Do have a DoD disability rating? _____ Yes _____ No If yes, what %: _____

(Please attach your VA and/or DoD Military Service Connected Disability paperwork.)

Primary Doctor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

VETERAN'S FURNITURE ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 6 - Employment History Since Military Discharge

Year Range	Employer

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: _____

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

Name	Relationship	Place of Employment

How many vehicles/motorcycles are owed by members of this household: _____

Please list all vehicle years, makes and models:

Year	Make and Model

VETERAN'S FURNITURE ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 8 - Furniture Needed for Residence

Please choose the room where furniture is MOST needed (only one choice please): Bedroom Living Room Kitchen/Dinette

After making your room selection above, please go to the proper column below and make your next selection.

Bedroom Choices	Living Room Choices	Kitchen/Dinette Choice
<input type="checkbox"/> Queen Size Bed <input type="checkbox"/> Twin Size Bed Choose only one of the above	<input type="checkbox"/> Sofa/Couch <input type="checkbox"/> Recliner Choose only one of the above	<input type="checkbox"/> Table and 4 Chairs
<input type="checkbox"/> Night Stand	<input type="checkbox"/> End Table	

Office Use Only - Phone Log

VETERAN'S FURNITURE ASSISTANCE APPLICATION

Name: _____

Request Date: _____

Section 9 - Monthly Financial Information

Use this section for **MONTHLY 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	
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:	

Please remember to submit your most recent two months bank account statements. This includes both checking accounts and any savings accounts.

If you do not have any bank accounts check here:

No checking accts No Savings Accts

INCOME LESS EXPENSES BALANCE:	
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Section 10 - Bi-monthly (BI), Quarterly (QTR), or Annually (AN) Financial Information

Use this section for all **Bi-Annual, Quarterly** or **Annual Income** or Expenses.

BI, QTR or AN	INCOME	AMOUNT

BI, QTR or AN	EXPENSES	AMOUNT

VETERAN'S FURNITURE ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 11 - 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

HOW TO SUBMIT VETERAN'S FURNITURE ASSISTANCE APPLICATION FORM

Please sign and have the Consent portion of the form witnessed. Also remember to submit copies of any paperwork to support what you are requesting, two most recent months bank account statements AND a copy of your DD-214 (*please black out your SSN & account numbers on all paperwork prior to submitting*).

Submission options:

- Email to: HOTH@pgrny.org *with all required paperwork*, also list veteran's First & Last Name in the 'subject line' of the email.
- Fax to: **888-796-6594** *with all required paperwork*.
 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.
- Physically mail to: **PGRNY, Attn: HOTH; PO Box 637, Wappingers Falls, NY 12590** *with all required paperwork*.

Your information will be kept completely confidential.