



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

The Veteran's Financial Assistance is a volunteer outreach program that may provide a one-time financial support to U.S. Armed Forces veterans who require some financial assistance due to an unforeseen financial hardship brought about by circumstances or events that are beyond the veteran's control.

This assistance may also be available to an immediate family member (mother, father, sibling, son or daughter) of a U.S. Armed Forces member who is or qualifies as a Gold Star Family member. Assistance may also be available to an immediate family member who is, or qualifies as a Blue Star Family member of a deployed active duty soldier who is currently serving in a theater of combat operations.

If these criteria are met and the veteran is experiencing a particular financial hardship, he or she may fill out an application for HOTH Veteran's Assistance where a determination will be made if he or she may qualify for any financial help.

**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.**

Qualification guidelines for Veteran's Financial Assistance:

- Must have completed a full tour of duty with the US Armed Forces (in accordance with Title 38 of the Code of Federal Regulations definition of a veteran) and a coded DD-214 for early separation which is acceptable to PGRNY
- 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 furniture assistance through the Veteran's Furniture Assistance program

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

#### **Thoroughly completed Veteran's Financial Assistance Application**

- DD-214 - must be fully readable, please block out your SSN (if unreadable, also submit VA discharge print-out)
- Most recent 2 months bank account statements
- Copy of legitimate invoices, 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

#### **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 **585-866-1PGR (585-866-1747)** and someone will return your phone 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. Witness should be other than family member.

#### **Section 9b - 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 your completed application are on page 7 of the form.

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



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## VETERAN'S FINANCIAL ASSISTANCE APPLICATION

### Section 1 - Veteran's/Contact Information

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

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

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

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

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

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

***Witness should be a non-family member of the veteran applying.***

### Section 3 - Case Worker Information

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

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

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



# 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

Are you receiving Social Security Disability Benefits? Yes  No

Do have a DoD disability rating? Yes  No

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

**For section for internal use only:**

# VETERAN'S FINANCIAL ASSISTANCE APPLICATION

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

## Section 8 - Personal Information

*(Please list only those family members living with you.)*

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 |
|------|----------------|
|      |                |
|      |                |
|      |                |
|      |                |

## Section 9a - General Financial Information

HOTH Veterans Assistance Request are primarily financial in nature. List what steps or actions, including counseling, courses, fiduciary, re-mortgage, etc. are being taken to correct the financial burden being experienced.

|  |
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|  |
|  |

## VETERAN'S FINANCIAL ASSISTANCE APPLICATION

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

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

### Section 9b - Monthly Financial Information

Use this section for **MONTHLY INCOME** and **MONTHLY EXPENSES** only.

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

| MONTHLY EXPENSES<br>(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:  |        |
| <b>TOTAL EXPENSES:</b>                             |        |

**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

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

### 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<br>or AN | INCOME | AMOUNT |
|------------------|--------|--------|
|                  |        |        |
|                  |        |        |
|                  |        |        |
|                  |        |        |
|                  |        |        |

| BI, QTR<br>or AN | EXPENSES | AMOUNT |
|------------------|----------|--------|
|                  |          |        |
|                  |          |        |
|                  |          |        |
|                  |          |        |
|                  |          |        |

# VETERAN'S FINANCIAL 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            |        |
| <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 _____ |

### HOW TO SUBMIT COMPLETED 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](mailto:HOTH@pgrny.org) *with all required paperwork*, also list veteran's First & Last Name in the 'subject line' of the email.  
**Scan and email is the preferred method of submitting your application.**
- 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*.