



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.

If the required 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 will 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 (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
- Have been or are currently receiving 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
- Income and work history are also taken into consideration

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

IF FORM AND REQUIRED DOCUMENTATION IS NOT SUPPLIED, THE APPLICATION WILL NOT BE PROCESSED.

- Please make sure you are using the most recent form - go to: <https://pgrny.org/index.php/more/help-on-the-homefront>
- DD-214 - must be fully readable, please block out your SSN (if unreadable, also submit VA discharge print-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) 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 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 9 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.



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 FURNITURE ASSISTANCE APPLICATION

Section 1 - Veteran's Contact Information

Name: _____

Date of Request: _____ Phone: _____

Veteran must have a phone number.

Email: _____

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

Address: _____

City: _____

State: _____ Zip: _____

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: _____

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

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 - Counseling/Course Information

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

Please describe or attach documentation supporting counseling or therapy received or being received:

Please list agency where counseling/therapy/course taken.

Name of Agency: _____

Contact Name: _____

Telephone #: _____

Remember to include documentation of counseling/therapy/courses that you've taken.

VETERAN'S FURNITURE 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 - Personal Information

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

Number of dependent children: _____ Ages: _____

If you have additional adults living with you, please complete 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 - 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

Office Use Only - Phone Log

VETERAN'S FURNITURE ASSISTANCE APPLICATION

Name: _____

Request Date: _____

Section 10 - Monthly Financial Information

Use this section for **MONTHLY INCOME** and **MONTHLY EXPENSES** only. You must list **all household income**.

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:	
--------------------------------------	--

Section 11 - 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 _____

Section 12 - Furniture Selection

The following page lists all options available to you, if you are **APPROVED** by the PGRNY Board of Directors. Filling out this section **DOES NOT** guarantee your approval by our Board of Directors.

Once this section is signed and completed, your selection, if approved, becomes FINAL.

Veteran's Signature: _____ Date Signed: _____

Select furniture for ONE room only (Kitchen; Bedroom OR Living Room). Once you select the room for which you need furniture, additional options MAY need to be made. Look at those choices carefully and indicate your selection.

No substitutions for style or color may be made.

Please see next page for furniture available to you if you are approved. Please read carefully and choose only one room options.

VETERAN'S FURNITURE ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 12 - Furniture Selection (continued) Select furniture for ONE room only (Kitchen; Bedroom OR Living Room).

<p>_____ Kitchen/Dinette (Table and 4 Chairs)</p>	
<p>_____ Choose either Queen Bedroom Set or Twin Bedroom Set</p> <p>_____ Queen Bed & Nightstand</p>	
<p>_____ Choose either Queen Bedroom Set or Twin Bedroom Set</p> <p>_____ Twin Bed & Nightstand</p>	
<p>_____ Choose either Sofa or Recliner Same End Table comes with either choice.</p> <p>_____ Living Room Sofa & End Table</p> <p>_____ Gray</p> <p>_____ Dark Blue</p> 	
<p>_____ Choose either Sofa or Recliner Same End Table comes with either choice.</p> <p>_____ Living Room Recliner & End Table</p> <p>_____ Gray _____ Cream</p> <p>_____ Tan _____ Blue</p> <p>_____ Same End Table as shown above.</p>	<p align="center">Choose which color recliner.</p>  <p align="center">GRAY CREAM TAN BLUE</p>

VETERAN'S FURNITURE ASSISTANCE APPLICATION

Name: _____ Request Date: _____

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.
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*.

Your information will be kept completely confidential.

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.

If your application for HOTH Veteran's Furniture Assistance is APPROVED

You will receive notification from your Case Worker or PGRNY HOTH Team Member that you were approved.

You will be receive a call from Raymour and Flanigan to schedule a time to have the furniture delivered.

If you are not present to receive your furniture at the agreed upon time, your furniture will be returned to Raymour and Flanigan and you will no longer qualify for our program.