



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; if no bank accounts then statements from Direct Express card or similar card
- 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

Filling in this section 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, financial statements (all checking, debit payment cards 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 8 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.

VETERAN'S FINANCIAL ASSISTANCE APPLICATION

Name: _____

Request Date: _____

Section 3 - Case Worker Information

Case Worker Name: _____

Phone #: _____

Email: _____

Agency: _____

Section 4 - Assistance Requested

In the space below, **provide specific details of your request for assistance and the reason/cause for this request.** If this request is for bills you owe, provide the amount and copies of bills for which you are requesting payment. If this request is for another reason, submit the amount being requested and a legitimate quotation from a supplier. *We must have copies of either bills or quotations in order to process this application.*

Section 5 - 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:

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

Section 8 - 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

VETERAN'S FINANCIAL ASSISTANCE APPLICATION

Name: _____

Request Date: _____

Section 9b - Monthly Financial Information

Use this section for **MONTHLY INCOME** received by the household (includes spouses/partner 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 (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:	
TOTAL EXPENSES:	

INCOME LESS EXPENSES BALANCE:	
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Please remember to submit your most recent two months bank account statements (this includes checking and savings) or your Direct Express or similar payment card statements. This includes all checking accounts, all savings accounts, and all Direct Express or similar payment card statements of the household.

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 10 - 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 _____

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

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 bank account(s) statements, with account numbers blocked out or statements from Direct Express card or similar card.

List any additional comments here:

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.