



## 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](http://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; if no bank accounts then statements from Direct Express card or similar card
- 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

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, 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:

A check off list and 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.**



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## 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 or Under Honorable Conditions**, please explain in your own words:

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## 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:

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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 9 - 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
<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>	

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

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## VETERAN'S FURNITURE 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	
<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 _____

### Section 11 - 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 11 - Furniture Selection (continued) Select furniture for ONE room only (Kitchen; Bedroom OR Living Room).**

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



# VETERAN'S FURNITURE ASSISTANCE APPLICATION

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

## HOW TO SUBMIT VETERAN'S FURNITURE 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.
- Letter or clearly documented therapy/counseling in space provided of form.
- Thoroughly complete **Section 10 - 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:

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### 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*.

**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 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.**