



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



VETERANS TRANSITION ASSISTANCE - A HELP ON THE HOMEFRONT (HOTH) PROGRAM

Patriot Guard Riders of New York Inc. (PGRNY) is a **501(c)3 nonprofit, 100% volunteer organization**. We are not funded by the state or federal government and are able to provide veteran assistance only through the generosity of the communities we serve in the form of donations to our programs.

PGRNY Board of Directors (BOD) have the fiduciary responsibility to use our funds as intended by the donors. The BOD considers many factors when reviewing a request: income level, military service, work history, and the situation that caused the homeless situation to name a few.

Instructions:

In order to utilize the fillable fields via computer, you must **download and save this form to your computer**. **DO NOT** try to fill in form when opened in browser window. Save form to desktop, tablet, or cell phone, then open document. *Adobe PDF Reader is recommended.*

- 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 585-866-1747 and someone will return your phone call.
- Directions on how to submit the application and support documentation is contained on the last page of this application form.
- It is important that the narrative portions of this application be completed. You must clearly explain how you became homeless. We must know detail of what counseling/courses you are taking to help you avoid becoming homeless in the future.
- **If the application form and required support documentation is NOT supplied per the instructions, you will be contacted and your application will NOT be processed until everything is supplied. Do not supply screen-shots, jpg, png or other graphic file formats, we must have documents as pdf files (.pdf, .doc, .docx, or Apple equivalents.)**

To request furniture, you MUST have already have taken possession of the new residence. We will NOT process any application where the veteran has not already moved into the residence.

Qualifications:

- Must be a veteran of the US Armed Forces and other than dishonorably discharged
- Must have served minimum of 180 days regular service not counting training/boot camp
- National Guard or Reserves must have 20 years in or have been deployed by Federal Orders for 180 days or more consecutively
- Must be in authorized counseling/course programs documented on form or letter from counselor/agency

Eligible for Consideration:

- Homeless veterans enrolled in VA HUD/VASH or other valid agency programs

Thoroughly completed HOTH Application:

- DD-214 - must be fully readable. Social Security Number should be blocked out.
- Most recent 2 months bank account statements or electronic debit card type statement of all income for household members (*include any PAY APP statements*)
- Copy of state issued photo ID, or Military ID, or VA ID
- If your choice is the RENT, please provide a copy of the lease or payment instructions from the landlord.

Ineligible for Program:

- Non-program or agency related housing
- Was not considered homeless veteran by any agency or VA
- Any prior PGRNY assistance in the past

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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VETERANS TRANSITION ASSISTANCE APPLICATION

Section 1 - Veteran's Contact Information

Name: _____ Date of Request: _____

Phone: _____

Veteran must have a phone number.

Email: _____

Office Use
Method Received: _____
Date Rec: _____

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: _____

Relationship to veteran: _____

Section 2 - Consent

Read the Consent carefully before signing. This section must be signed. 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 Transition Assistance Application is truthful to the best of my knowledge. I fully understand that any false, misleading information or intentionally omitted information may cause me to be ineligible for consideration for any PGRNY HOTH Veterans Assistance programs.

Signature: _____ Date: _____

You must sign the consent portion of this form. Authorized electronic signatures are acceptable.

VETERANS TRANSITION ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 3 - Case Worker Information

Case Worker Name: _____

Email: _____

Agency: _____

Phone Number: _____

Have you applied to any other agency/organization for assistance? YES NO

If YES, Name of agency/organization: _____

Contact Name: _____ Phone #: _____

Section 4 -Choice of Assistance

You have a choice of assistance being new furniture for your new residence or financial assistance in the form of a security deposit/first months rent.

My choice is NEW Furniture

My choice is Security Deposit/First Month Rent

Section 4.A - If your choice is Financial Payment of Security Deposit/First Month Rent, please complete this section:

Dollar Amount of Request: _____ Monthly Rental Cost: _____

Landlord/Company Name: _____

Contact Name: _____

Contact Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Preferred method of payment: _____

Additional information regarding payment: _____

Please include copy of rent payment instructions, and/or lease with application.

Please go to next page (Section 4.B), to choose Furniture if your choice of Assistance is for new Furniture.

VETERANS TRANSITION ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 4.B - If your Request for Assistance is Furniture, please read the instructions below.

The furniture is selected from Raymour & Flanigan who will also set up the delivery directly with the veteran. The veteran must be at his residence to accept delivery of the furniture from Raymour & Flanigan. If Raymour & Flanigan has to send furniture back to their warehouse because of non-delivery, the veteran will no longer be eligible for any PGRNY HOTH Assistance.

Use a check mark & rank in order of importance, [1=most important, 3=least important]			
ROOM	1	2	3
Bedroom			
Living Room			
Kitchen/Dining			
ITEM(s) Please choose only 1 bed size	YES	NO	
TWIN - Bed			
DOUBLE - Bed			
QUEEN - Bed			
NIGHTSTAND			
Use a check mark & rank in order of importance, [1=most important, 3=least important]			
ITEM	1	2	3
SOFA			
RECLINER			
END TABLE COMES WITH ABOVE			
DINETTE SET/ 2 CHAIRS			

Office Use Only	
Office Use Only	
Office Use Only	

Color choice for Living Room - Check one:	<input type="checkbox"/> BLUES	<input type="checkbox"/> BROWNS	<input type="checkbox"/> BLACK/GRAY
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Furniture availability and pricing is very fluid at this point. If you are approved, we will purchase items based on your ranking of importance AND our purchasing power. The items will be discussed with you prior to PGRNY purchasing products from Raymour & Flanigan.

VETERANS TRANSITION ASSISTANCE APPLICATION

Name: _____ Request Date: _____

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: _____ Type of Discharge: _____Honorable _____Under Honorable _____Other than Honorable

If **Under Honorable Conditions** or **Other than Honorable**, please explain in your own words what caused this type of discharge:

Section 6 - Counseling/Course Information

You may include documentation of counseling/therapy/courses that you've taken from the agency or counselor instead of filling this section out.

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

Please list **ALL Agencies** where counseling/therapy/courses are presently being taken or have been taken.

Name of Agency: _____

Contact Name: _____

Telephone #: _____

List type of counseling/therapy/courses: _____

Name of Agency: _____

Contact Name: _____

Telephone #: _____

List type of counseling/therapy/courses: _____

VETERANS TRANSITION ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 7 - 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 8 - Additional Information

Please list **only household members 18 yrs or older living with you, this includes spouse or partners.** If you are paying Child Support there is space on the Financial Section of this application for you to complete amounts being paid out.

Number of dependent children: _____ Ages: _____

If you have additional adults living with you (including adult children), please complete the information below.

Name	Relationship	Place of Employment

Do you own a vehicle? Yes No Do you own more than one vehicle? Yes No

Year	Make and Model

Section 9 - Medical/Disability Information

Disabled? Yes No Benefits Other? Yes No

Receiving VA Benefit? Yes No If YES, what is your percent SC rating? _____%

Are you receiving Social Security Disability Benefits? Yes No

Do have a DoD disability rating? Yes No If YES, what is your percent SC rating? _____%

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

Section 10 - Background

Please explain in your own words what led to your becoming homeless (example: substance abuse, bankruptcy, loss of employment, etc.).
You MUST fill in this section.

VETERANS TRANSITION ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 11 - Monthly Financial Information

Please complete the following information regarding income you presently are receiving.

QUESTIONS	MONTHLY AMOUNT	OFFICE USE
What is the amount of VA Service Connected pay you receive?		
What is the amount of Social Security you receive?		
What is the amount of NYS Supplemental Income you receive?		
What is the amount of Food Stamps you receive?		
ANY OTHER INCOME LIST BELOW (Such as other household members income)		
TOTALS		

Please complete the following information regarding your monthly expenses/bills.(food, gas, misc. explained, etc.)

PRESENT BILLS	MONTHLY AMOUNT	OFFICE USE
Rent		
Phone		
Cable TV - Internet		
Food		
Gas/Electric/Water (Utilities)		
Medicine		
OTHER MONTHLY EXPENSES LIST BELOW		
TOTALS		

VETERANS TRANSITION ASSISTANCE APPLICATION

Name: _____ Request Date: _____

HOW TO SUBMIT VETERANS TRANSITION 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. **Please make sure your submitted documents are pdf files and not photos such as jpg or png.**

- Application thoroughly completed, and **Section 2 - Consent** signed and witnessed by other than a family member.
- Copy of photo ID, either Drivers License or VA ID card.
- Letters or clearly documented therapy/counseling in space provided on form.
- Thoroughly complete **Section 11 - Monthly Financial Information.**
- Readable copy of DD-214 with Social Security Number blocked out.
- If possible, most recent 2 months of statements from Direct Express card or similar electronic card which shows income and expenses.

List any additional comments here:

Your information will be kept completely confidential. Follow submission instructions below.

METHOD TO SUBMIT	DIRECTIONS
Email to: HOTH@pgrny.org	<ul style="list-style-type: none">• Include all requested support documentation• List the veteran's name in the subject line of the email <p><i>(Scan and email is the preferred method of submitting.)</i></p>
FAX to: 888-796-6594	<ul style="list-style-type: none">• Include all requested support documentation• List the veteran's name on the cover sheet of the FAX <p><i>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.</i></p>

We will contact you to let you know whether you have been APPROVED or DENIED.

IF APPROVED:

If your choice was Financial in nature, we will make arrangements with your landlord to make a payment on your behalf.

If your choice was furniture for your new residence, Raymour & Flanigan will call you to set up a delivery date. Remember, you **MUST** be there to accept delivery or you will not be eligible to receive any assistance in the future from PGRNY.