



Patriot Guard Riders New York Inc.

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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 homelessness to name a few.

Veteran Transition Assistance is a volunteer outreach program that may provide either security deposit/first month's rent or one-time delivery of new furniture to US. Armed Forces veterans who are in financial need and have been a resident of an in-house program with Veterans Affairs or other accredited veteran-support agency. The existence of these conditions must be documented and verified by the VA or accredited agency where the veteran has or is receiving treatment/counseling.

Instructions:

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

- Completing this form on a computer/tablet/cell phone 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 your caseworker 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 and write out what caused your homelessness and the corrective action you've taken to avoid this situation in the future.
- Veterans must have been a resident of an in-house program with Veterans Affairs or other accredited veteran-support agency and has or is receiving treatment/counseling. A letter from the agency indicating the type of treatment/counseling is preferred or by filling out the agency, contact, telephone number via the form is also acceptable.
- If the application form and required support documentation are **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 and cannot supply us with monthly rent amount.

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 or have taken authorized counseling/course programs documented on form or letter from counselor/agency**

Eligible for Consideration:

- Homeless veterans enrolled in VA HUD/VASH or accredited 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

VETERANS TRANSITION ASSISTANCE APPLICATION

Section 1 - Veteran's/Contact Information

Name: _____ Date: _____

Address: _____ Phone #: _____

City: _____

State: _____ Zip: _____

Email: _____

| |
|-------------------------------|
| Office Use |
| <i>Method Received:</i> _____ |
| <i>Date Rec:</i> _____ |

Veteran must have a valid phone number and the address listed must be their new permanent address which they must be already residing. Do not submit application until veteran is residing in new residence.

Form Completed By (If Other Than Applicant):

Filled out by: _____

Phone: _____

Email: _____

Relationship to veteran: _____

Section 2 - Case Worker Information

Case Worker Name: _____

Email: _____

Agency: _____

Phone Number: _____

Section 3 - 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.

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

Signature: _____ Date: _____

VETERANS TRANSITION ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 4a - Other Agencies

Have you applied to any other agency/organization for assistance in the past 12 months? YES NO

If you have applied for assistance through any other agency or organization within the last 12 months, please list the requested information for each below. (please use addition pages if you require more listings.)

| Name of Agency/Organization | Contact Name | Contact's Phone # |
|-----------------------------|--------------|-------------------|
| | | |
| | | |
| | | |
| | | |

Are you still receiving assistance from any of the above listed agencies? YES NO

If yes, please list which one(s): _____

Section 5 - Choice of Assistance

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

My choice is Security Deposit/First Month Rent NEW Furniture

The next page is where you will complete the necessary choices for furniture or the security deposit/first month rent.

If your choice is the security deposit/rent, you must supply us with a copy of the lease that list the payments and where to pay.

If your choice is furniture and you are approved, you must be there to accept the furniture when Raymour & Flanigan delivers. If the furniture goes back to the warehouse because you are not there to accept it, you will become ineligible for any further PGRNY HOTH Assistance of any kind.

Continued on next page

VETERANS TRANSITION ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 5a - 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: _____

Section 5b - Furniture, please read the instructions below.

Furniture is new, purchased from Raymour & Flanigan. You may pick out one room of furniture only.

| Use a check mark & rank in order of importance, [1=most important, 3=least important] | | | |
|---|---|---|---|
| ROOMS & OPTIONS | 1 | 2 | 3 |
| Bedroom: includes bed, mattress, night stand. Choice: <input type="checkbox"/> QUEEN SIZE (<i>platform</i>) <input type="checkbox"/> TWIN (<i>Box Springs</i>) | | | |
| Living Room: includes sofa, recliner & end table. Choice: <input type="checkbox"/> 2nd Recliner <i>instead</i> of Sofa | | | |
| Kitchen/Dining: include drop leaf table & 2 chairs. | | | |
| Color choice: Living Room <input type="checkbox"/> ANY COLOR <input type="checkbox"/> BLUES <input type="checkbox"/> BROWNS <input type="checkbox"/> BLACK/GRAY | | | |

| Office Use Only | | |
|------------------------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |

VETERANS TRANSITION ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 6- 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 Uncharacterized Under Honorable Other than Honorable

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

Are you disabled? Yes No If YES, are you able to work? Yes No

If you are disabled and unable to work, you **MUST** supply a letter or document from an authorized medical professional or authorized veteran agency that indicates that your disability prevents you from being employed. For Service Connected Disabled, the VA SC letter indicates your employment status, or an SSI disability letter.

Are you receiving VA Service Connected Pay? Yes No If yes, SC %? _____ Monthly Amt: \$ _____

Are you receiving Social Security Benefits? Yes No Disability Retirement

Are you receiving any other benefits? Yes No If yes, from: _____

Section 7 - 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: _____

VETERANS TRANSITION ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 7 - Counseling/Course Information - *continued from previous page*

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: _____

If you require additional agency listings, please supply on an additional sheet

Section 8 - 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 9 - Additional Household 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 |
|------|--------------|---------------------|
| | | |
| | | |

How many vehicles/motorcycles are owed by members of this household: _____ Please list all vehicle years, makes and models below.

| Year | Make and Model |
|------|----------------|
| | |
| | |

Continued on next page

VETERANS TRANSITION ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 10 - Homeless Background Information

How long have you been homeless? _____

Where have you been living while homeless? _____

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 or your application will NOT be processed.**

Section 10a - Future

Please explain what steps you are taking to keep you from becoming homeless in the future. Example: Therapy, looking for work, working closely with the VA Caseworker, etc. **You MUST fill in this section or your application will NOT be processed.**

Section 10b - Additional Information (Optional)

If there is anything else you would like us to know that you feel would impact our decision, please list it here:

VETERANS TRANSITION ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 11 - Monthly Financial Information

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

| QUESTIONS | MONTHLY AMOUNT |
|--|----------------|
| 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? | |
| <i>Is there other income you receive? Please list below.</i> | |
| | |
| | |
| TOTALS | |

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

Please note: We MUST have your monthly rent & new residence address in order to process this request for rent or furniture.

| MONTHLY BILLS FROM | AMOUNT OF MONTHLY BILL |
|--|------------------------|
| Monthly Rent for new Residence | |
| Monthly Phone Bill | |
| Month Cable/Internet Bill | |
| Monthly Utilities: Gas / Electric | |
| Monthly Utilities: Water | |
| Out of Pocket Medicine per Month not covered by insurance | |
| Transportation or gas for vehicle if owned | |
| <i>Is there any other monthly bills? Please list below</i> | |
| | |
| | |
| | |
| | |
| TOTALS | |
| REMAINDER EACH MONTH | |

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 3 - 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.