



Patriot Guard Riders New York Inc.

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VETERANS FINANCIAL 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 financial hardship to name a few. It is important that the financial hardship was beyond the veterans control.

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 and write out what caused your financial hardship and the corrective action you've taken to avoid this situation in the future.
- **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.)**

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

Thoroughly completed HOTH Veteran Financial Assistance Application form and the following support documents:

- 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
- Copy of legitimate invoices, minimum of 2 quotes, etc. relative to the basis of the request for assistance

Eligible Expenses for Consideration:

- Household expenses – mortgage, rent, repairs, insurance
- Vehicle expenses – payments, insurance, repairs (*major repairs for vehicles over ten years old will not be considered*)
- Utilities, internet/cable, water

Ineligible Expenses:

- Lawyers fees, court fees, legal tickets and/or fines
- Spousal or child support
- Furniture, electronic equipment or vehicle rentals
- Expenses not determined to be basic life necessities
- Normal home & car maintenance
- Repair bills after repairs are completed

VETERANS FINANCIAL ASSISTANCE APPLICATION

Section 1 - Veteran's/Contact Information

Name: _____ Date: _____

Address: _____ Phone #: _____

City: _____

State: _____ Zip: _____

Email: _____

Office Use
Method Received: _____
Date Rec: _____

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: _____

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 Financial 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 FINANCIAL ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 4 - 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 - Assistance Requested *(please attach separate sheets if you require more room)*

What is the Amount Requested: \$ _____

You **MUST EXPLAIN** what caused the financial crisis and you must submit copies of either bills or at minimum 2 quotations to support the amount you are asking for above. We must have this information in order for us to process this application. (ie. Financial hardship caused by loss of job or low income and unexpected repair, etc. We need to know why your don't have the funds.)

Section 6 - Corrective Action - Long Term Recovery Plan - You MUST fill in this out.

HOTH Veterans Financial Assistance request are financial in nature. List what steps or actions, including counseling, courses, fiduciary, re-mortgage, etc. are being taken to correct the financial crisis presently being experienced so as to avoid in the future.

VETERANS FINANCIAL ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 7- 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 8- 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/Organization	Contact Name	Contact's Phone Number

VETERANS FINANCIAL ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 9 - 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 10 - 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

If you have dependent children living with you, do you have legal custody of those children? Yes No

Do you pay a court ordered monthly child support? Yes No If yes, the amount paid: _____

If you pay court ordered child support, are you behind in Payments? Yes No

Comments about any household members, adults or children:

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

Year	Make and Model

VETERAN'S FINANCIAL ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 11 - Monthly Financial Information - List ALL Household Members Income

Use this section for **MONTHLY INCOME** received by all household members (*includes spouses/partner/household members income*) and **ALL MONTHLY HOUSEHOLD EXPENSES**.

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:	

The above income should also include the amount you may be receiving from **SNAP (food stamps)** and any type of income you receive on a monthly basis.

You must list Misc. detail, what it the monthly payment for?

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INCOME LESS EXPENSES BALANCE:	
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Please remember to submit your most recent two months bank account statements (**this includes ALL checking and savings**) or your EBT, Direct Express or similar payment card statements for your **entire household, spouses/partners, etc.** Also if you use a payment app service like Venmo, Zelle, Dave, etc, we **must** that statements to show where that money was paid. **If you do not have any statements, check here:**

- No Direct Express, EBT or similar statements
 No Checking Accts
 No Savings Accts

If no statements available, please explain:

VETERAN'S FINANCIAL ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 12 - 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 _____

Summary - 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

Please make sure your submitted documents are pdf files and NOT screen shots or images such as jpg or png.

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 3 - 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 **Sections 10 & 11 - Monthly Financial Information and the Assets & Liabilities.**
- Readable copy of DD-214 with Social Security Number blocked out.
- Most recent 2 months of **ALL checking and savings bank account(s)** statements of all household members, with account numbers blocked out or statements from Direct Express card or similar electronic debit card.
- Copies of statements from any payment apps used, such as Venmo, Zelle, Dave, etc.

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 style="text-align: center; margin-top: 10px;"><i>(Scan as PDF 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 style="text-align: center; margin-top: 10px;"><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>

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.