



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. Do NOT try to fill in form when opened in browser window. Save form to desktop, then open from your desktop. Adobe PDF Reader is recommended to open application form and fill.

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:

- Title 38 of the Code of Federal Regulations defines a veteran as "**a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable.**" This definition explains that any individual that completed a service for any branch of armed forces classifies as a veteran as long as they were not dishonorably discharged.
- **Guard & Reserve members are eligible if:** they have reached 20 years of service, even if they were never activated on a [federal] order for more than 180 days outside of training, will now be considered a veteran. Or if they were activated for more than 180 days consecutively and they were not dishonorably discharged.
- If "Other Than Honorable", the cause will be reviewed for acceptability within this program.
- Have NOT received any other assistance through PGRNY HOTH Assistance programs.

**Veteran and/or their Case Worker must be able to supply the following for processing the application.
(Please do NOT supply pictures or screen-shots)**

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 of ALL bank account statements; if no bank accounts then statements from Direct Express card or similar card
- Copy of legitimate invoices, min. 2 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

IF FORM AND REQUIRED DOCUMENTATION IS NOT SUPPLIED, THE APPLICATION WILL NOT BE PROCESSED.

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 **585-866-1747** and someone will return your phone call.

Consent

Read the Consent section 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. The witness should be other than a family member.

How to submit completed application form:

A check off list and directions on how to submit the completed application are on the last page of this application form.

It is important that in the narrative portions of this application, you explain clearly what caused your financial hardship, steps taken to eliminate the situation from happening again, and clearly indicate the amount of money you are looking to receive.

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 FINANCIAL ASSISTANCE APPLICATION

Section 1 - Veteran's/Contact Information

Name: _____

Date: _____

Address: _____

Phone #: _____

City: _____

Office Use
Method Received: _____
Date Rec: _____

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.

Signature: _____ Date: _____

Witness (print name): _____

Witness signature: _____ Date: _____

Witness should be a non-family member of the veteran applying.

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

VETERAN'S FINANCIAL ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 3 - Case Worker Information

Case Worker Name: _____ Phone #: _____

Email: _____

Agency: _____

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

If YES, Name of agency/organization: _____

Contact Name: _____ Phone #: _____

Section 4 - Assistance Requested

In the space below, please explain what caused your financial hardship and the amount of money you are requesting.(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.) **You must submit copies of either bills or at minimum 2 quotations in order for us to process this application.**

Amount of Requested: \$ _____

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 what caused discharge to be other than HONORABLE or UNDER HONORABLE condition.:

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 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 8 - Personal Information

Please list **only those family members living with you**. 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 please complete the information below.

Name	Relationship	Place of Employment

VETERAN'S FINANCIAL ASSISTANCE APPLICATION

Name: _____

Request Date: _____

Section 8 - Personal Information- continued

How many vehicles/motorcycles are owed by members of this household: _____

Please list all vehicle years, makes and models:

Year	Make and Model

Section 9a - Long Term Recovery Plan

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. **You MUST fill in this section.**

VETERAN'S FINANCIAL ASSISTANCE APPLICATION

Name: _____ Request Date: _____

Section 9b - Monthly Financial Information - List ALL Household Members Income

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

MONTHLY INCOME SOURCE (All household members)	AMOUNT
TOTAL INCOME:	

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.

INCOME LESS EXPENSES BALANCE:	
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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:	

Please remember to submit your most recent two months bank account statements (this includes ALL 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

Please make sure your submitted documents are pdf files and NOT photos 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 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 **ALL checking and savings bank account(s)** statements, with account numbers blocked out or statements from Direct Express card or similar card.

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;"><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><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.