



Coast Guard Mutual Assistance

Application for Assistance

Instructions for completion: All applicants are to complete Sections A and C, read Section D and sign the application for assistance. Additionally, applicant must complete Section B when the CGMA client is not available. Return the completed, signed application along with supporting documentation and, when required, a completed CGMA Budget Form (CGMA Form 15) to the nearest CGMA Representative for processing. **Please type or print all entries.**

Section A - CGMA CLIENT INFORMATION

1. Name: Last		First	M.I.	2. Rank/Rate/Grade	3. Social Security No.	4. Employee ID No.	
					xxx - xx -		
5. Home Address: Street					Apt. No.	City	State
					Zip Code	6. E-Mail Address	
					-		
7. Status: (Indicate prior status if CGMA Member is deceased)							8. Check if Client is deceased
<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Reserve <input type="checkbox"/> CG Civilian Employee/NAF/CWC/CGES <input type="checkbox"/> Auxiliary <input type="checkbox"/> PHS <input type="checkbox"/> Other (Describe)							<input type="checkbox"/>
9. Present Unit: (if applicable)					OPFAC #	10. Telephone No: Work	
						() - ext.	
11. Year of Birth (YYYY)		12. Year Joined CG (YYYY)		13. Year Retired from CG (YYYY)		14. Telephone No: Home	
						() -	
15. Family members for whom you furnish more than one-half support (list additional dependents on a separate sheet if necessary)							
Name: Last		First	M.I.	Relationship to Client		Year of Birth (children)	
				Spouse		n/a	

Section B - APPLICANT INFORMATION

To be completed if the applicant is not the CGMA Client (i.e. spouse, widow(er) or other authorized family member)

16. Name: Last		First	M.I.	17. Social Security Number.	18. Relationship to Client	19. Power of Attorney?	20. Pre-Authorization Form
				xxx - xx -		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Home Address and phone number (if different from that of the CGMA Client)							
Street				Apt. No.	City	State	Zip Code
							Home Phone
							() -

Section C - ASSISTANCE REQUESTED

22. Type of Assistance Requested		23. Amount of Assistance Requested		24. Requested Monthly Repayment Amount	
<input type="checkbox"/> Loan <input type="checkbox"/> Grant		\$		\$	
Reason assistance is needed (attach additional pages if necessary)					

Section D - APPLICANT'S CERTIFICATION

Everything that I have stated in this application is correct to the best of my knowledge. You are authorized to check the facts surrounding this request including my credit and employment history. I understand that any misstatement of fact is grounds for denial of this request. I understand that I am responsible for any unpaid balance and that any delinquent unpaid balance may be referred to a collection agency and may affect my credit.

I hereby authorize the U.S. Coast Guard to supply CGMA with any requested information contained in my official Coast Guard personnel and pay files in connection with this assistance. I further authorize the U.S. Coast Guard, or any agency, to supply my latest home address to CGMA whenever requested.

I understand that CGMA is an independent private entity, not part of the U.S. Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). Information provided on this application, in some cases, may be provided by CGMA to the Coast Guard when deemed necessary.

This form, with attachments, will be kept on file with CGMA.

Applicant's Signature _____

Date / /

APPLICATION ENDORSEMENTS

A command endorsement is required for requests for assistance from active duty members, civilian employees and Reserve members who are not stationed at the same unit as the CGMA Representative. Auxiliary members must obtain an endorsement from their flotilla commanders. CGMA may request additional endorsements when deemed necessary.

SUPERVISOR

I have reviewed this request for assistance and recommend:
My recommendation is based on the following:

Approval

Disapproval

Signature _____

Date ____ / ____ / ____

Typed or Printed Name

Unit

COMMANDING OFFICER/OIC/FLOTILLA COMMANDER

If the client is an Auxiliary member, is he/she an ACTIVE participant in Flotilla activities?

Yes

No

I have reviewed this request for assistance and recommend: Approval Disapproval

My recommendation is based on the following:

Signature _____

Date ____ / ____ / ____

Typed or Printed Name

Unit/Flotilla

CGMA REPRESENTATIVE

I have reviewed this request for assistance and recommend:

Approval

Disapproval
(CGMA Form 17 required)

My recommendation is based on the following:

Signature _____

Date ____ / ____ / ____

Typed or Printed Name

Unit