

# CGMA

## 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. Telephone No: Home	
						- -		( ) -	
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 Box if Client is deceased	
<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Civilian <input type="checkbox"/> Reserve <input type="checkbox"/> Auxiliary <input type="checkbox"/> CGES <input type="checkbox"/> PHS								<input type="checkbox"/>	
<input type="checkbox"/> Other (Describe)									
9. Present Unit: (if applicable)					OPFAC #		10. Telephone No: Work		
							( ) - ext		
11. Date of Birth (MM/DD/YYYY)		12. Years of Service		13. Anticipated date of Separation (MM/DD/YYYY)		14. Date Retired (MM/DD/YY)			
/ /				/ /		/ /			
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 CGMA Client		Age (if dependent child)			

### 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	
				- -				<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 and attached documents is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. 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 and agree that my signature constitutes voluntary consent to collection of the debt, or any remainder thereof, from my final pay upon separation or retirement from the armed forces. 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 placed in the CGMA Representative's unit file.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

# CGMA

## 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:  Approval  Disapproval  
My recommendation is based on the following:

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 \_\_\_\_\_