

United States Coast Guard Ceremonial Honor Guard Association, Inc. MUTUAL ASSISTANCE APPLICATION

Application Instructions: All applicants are to complete Sections 1, 2, and 3. Return the completed, signed application along with supporting documentation and, when required, a completed Budget Form to the Ceremonial Honor Guard Association for processing. Type or print all entries.

Section 1 – APPLICANT'S CERTIFICATION

1. Name: Last		First	M.I.	2. Rank/Rate/Grade		3. ID		4. Telephone No: Home	
								()	
5. Home Address: Street			Apt. No.	City State		Zip Code		6. E-Mail Address	
7. Status: Circle One (Indicate prior status if HGA Member is deceased)								8. Check Box if Member is deceased	
Active Duty		Retired		Civilian		Reserve		Auxiliary	
CGES		PHS						<input type="checkbox"/>	
Other (Describe)									
9. Present Unit (if applicable) or Employer						10. Telephone No: Work			
						()			
11. Date of Birth		12. Years of Service		13. Anticipated date of Separation (MM/DD/YYYY)			14. Date Retired (MM/DD/YY)		
/ /				/ /			/ /		
15. Family members that that live with you, or who you provide more than one-half support									
Name: Last		First		M.I.		Relationship to HGA Member		Age (if dependent child)	

Section 2 – APPLICANT'S CERTIFICATION

16. Type of Assistance Requested (Check One) NOTE: Approved up to \$250.00, except Newborn Welcome (\$100.00)			17. Amount of Assistance Requested	
General – Immediate Attention		Vehicle Repairs		\$
Emergency Travel		Newborn Welcome		
Debt Management		Education Expenses (not tuition)		
Disaster Response		Medical or Dental Assistance		
Housing Assistance		Special Needs Assistance		
Reason assistance is needed (attach additional pages if necessary)				

Section 3 – APPLICANT'S CERTIFICATION

All information contained herein as well as all attached documents are correct and truthful 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 hereby authorize the U.S. Coast Guard to supply the USCGCHGA 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 USCGCHGA whenever requested. I understand the USCGCHGA 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 the USCGCHGA to the U. S. Coast Guard when deemed necessary. This form, with attachments, will be placed with the files of the USCGCHGA.

Applicant's Signature _____ **Date** ____/____/____

Section 4 – APPLICATION DECISION

The USCGCHGA has reviewed this request for assistance and find it to be: **Approved** **Not Approved**

The decision is based on the following:

Authority Signature _____ **Printed Name:** _____

Date ____/____/____

CGMA Forms

A. General

The following forms have been adopted for use by CGMA:

CGMA 1	Quick Loan Application
CGMA 5	CGMA Application for Assistance
CGMA 6	CGMA Application for Disaster Assistance
CGMA 6a	CGMA Application for Conversion of Disaster Loan into a Grant
CGMA 7	CGMA Application for CGMA Layette
CGMA 8	Application for CGMA Stafford/PLUS Loan Fee Reimbursement
CGMA 10	Application for CGMA Supplemental Education Grant (SEG)
CGMA 11	CGMA Application for Education Loan
CGMA 15	CGMA Budget Form
CGMA 16	Pre-Authorization Form
CGMA 17	CGMA Disapproval/Appeal Statement
CGMA 20	Representative Information and Certification Form
CGMA 20a	Assistant Representative Information and Certification Form
CGMA 21	Relief of Representative or Assistant Representative Audit Form
CGMA 22	CGMA/NFCC Agreement
CGMA 22a	CGMA Letter of Introduction
CGMA 22b	Counselor Recommendation Form
CGMA 41	Cash Contribution Form
CGMA 42	Memorial Contribution Form
CGMA 43	Active Duty Contribution Allotment Authorization Form
CGMA 44	Civilian Employee Contribution Allotment Authorization Form
CGMA 45	Retired Contribution Allotment Authorization Form
CGMA 47	Securities Contribution Form
CGMA 52	CGMA Check
HUD-1	Settlement Statement
00-35-2653NSBW	Bank of America Signature Card

A copy of each form is to follow this page.

CGMA

QUICK LOAN APPLICATION

Instructions for completion: Applicants are to complete Sections A and B, read Section C and sign the application for assistance. Submit the completed, signed application to your Commanding Officer/OIC for approval. Once approved, deliver 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. S		4. Employee ID No.
5. Home Address: Street Apt. No. City State Zip Cod					6. E-Mail Address
7. Status: <input type="checkbox"/> Active Duty Member <input type="checkbox"/> Reserve Member Recalled to Active Duty <input type="checkbox"/> Civilian Employee					8. Telephone No: Home () -
9. Present Unit:				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. 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 – ASSISTANCE REQUESTED

15. Type of Assistance Requested		16. Amount of Assistance Requested		17. Requested Monthly Repayment Amount	
Loan Only		\$		\$	
<p>I need this assistance because...</p>					

Section C – 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 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.

I certify that I do not have an existing CGMA loan balance and that I have not had more than one Quick Loan in the past year.

Applicant's Signature _____ **Date** _____ / _____ / _____

Section D – Commanding Officer/OIC Approval

I have reviewed this request for a Quick Loan and I approve.

Signature _____ Date _____ / _____ / _____
 Typed or Printed Name _____ Unit _____

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. S		4. Telephone No: Home () - -	
5. Home Address: Street Apt. No. City State Zip Cod					6. E-Mail Address	
7. Status: (Indicate prior status if CGMA Member 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"/> Other (Describe)						8. Check Box if Client is deceased <input type="checkbox"/>
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Pre-Authorization Form <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 <input type="checkbox"/> Loan <input type="checkbox"/> Grant		23. Amount of Assistance Requested \$		24. Requested Monthly Repayment Amount \$	
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:
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?
I have reviewed this request for assistance and recommend:
My recommendation is based on the following:

Yes

No

Approval Disapproval

Signature _____

Date ____/____/____

Typed or Printed Name

Unit/Flotilla

CGMA REPRESENTATIVE

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

Approval

Disapproval (CGMA Form 17 required)

Signature _____

Date ____/____/____

Typed or Printed Name

Unit

CGMA – APPLICATION FOR DISASTER 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.

Section A – CGMA CLIENT INFORMATION

1. Name: Last First MI			2. Rank/Rate/Grade	3. Social Security # - -	4. Home Phone # () -
5. Home Address: Street Apt. No. City State Zip Code					
7. Status: (Indicate prior status if CGMA Member is deceased)					
<input type="checkbox"/> Active Duty	<input type="checkbox"/> Retired	<input type="checkbox"/> Civilian	<input type="checkbox"/> Reserve	<input type="checkbox"/> Auxiliary	CGES <input type="checkbox"/> PHS <input type="checkbox"/> Other
					() - Ext
10. Date of Birth (MM/DD/YYYY) / /	11. Years of Service	12. Anticipated date of Separation (MM/DD/YYYY) / /		13. Date Retired (MM/DD/YY) / /	
14. Family members for whom you furnish more than one-half support (list additional dependents on a separate sheet if necessary)					
Name: Last First MI			Relationship to CGMA Client		Age (if dependent child)

Section B – APPLICANT INFORMATION (To be completed if the applicant is not the CGMA Client (spouse, child, etc.))

15. Name: Last First MI			16. Social Security # - -	17. Relationship to Client	18. Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Pre-Authorization Form <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Apt. No. City State Zip Code Home Phone # - () -						

Section C – DISASTER ASSISTANCE REQUESTED

21. Type of Assistance Requested Interest-Free Loan Only	22. Total Amount of Assistance Requested \$	23. Requested Monthly Repayment Amount \$ Minimum Amount For Paygrade
I need these funds immediately for the following items:		
<input type="checkbox"/> Food \$ _____	<input type="checkbox"/> Clothing \$ _____	<input type="checkbox"/> Temporary Housing \$ _____
<input type="checkbox"/> Household Appliances \$ _____	<input type="checkbox"/> Temporary Emergency Home Repairs \$ _____	
<input type="checkbox"/> Transportation Expense \$ _____	<input type="checkbox"/> Other _____ \$ _____ (Use back of form for additional information.)	
I understand that this is a loan and that repayment is being delayed for three months (longer if necessary). I also understand that I may separately request to have this loan converted into a grant and that any request for conversion will be based in part on my ability to repay, my financial situation at the time of the request, and the purpose of the loan. Funds lent as a bridge until insurance and/or other entities reimburse me for expenses will not normally be considered for conversion.		

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 for Conversion of Disaster Loan into a Grant

Section A – CGMA CLIENT INFORMATION

Name: Last First MI			2. Rank/Rate/Grade		3. Social Security #		4. Home Phone #	
					- -		() -	
Home Address: Street Apt. No. City State			Zip Code					
7. Status: (Indicate prior status if CGMA Member 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"/> Other	
							() - Ext	
10. Date of Birth (MM/DD/YYYY)			11. Years of Service		12. Anticipated date of Separation (MM/DD/YYYY)		13. Date Retired (MM/DD/YY)	
/ /					/ /		/ /	
14. Family members for whom you furnish more than one-half support (list additional dependents on a separate sheet if necessary)								
Name: Last First MI			Relationship to CGMA Client		Age (if dependent child)			

Section B – APPLICANT INFORMATION (To be completed if the applicant is not the CGMA Client (spouse, child, etc.))

15. Name: Last First MI			16. Social Security #		17. Relationship to Client		18. Power of Attorney?		19. Pre-Authorization Form	
			- -				Yes No		Yes No	
Street			Apt. No. City State		Zip Code		Home Phone			
							- ()			

Section C – CONVERSION REQUEST DETAILS

21. Amount Requested		22. Disaster Event		23. I live in Govt Owned/Leased Housing		24. I have the below Insurance			
\$ _____				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Auto <input type="checkbox"/> House <input type="checkbox"/> Renters			
Please explain why your request should be approved. (For example; financially unable to repay, unreimbursed expenses incurred for evacuation; unreimbursed personal property losses; re-establish basic household needs, etc.) Attach additional pages if necessary.									
25. My financial losses total:		<input type="checkbox"/> Food		\$ _____		<input type="checkbox"/> Electronics		\$ _____	
		<input type="checkbox"/> Clothing		\$ _____		<input type="checkbox"/> Household Appliances		\$ _____	
		<input type="checkbox"/> Bedroom Furniture		\$ _____		<input type="checkbox"/> Car Damage		\$ _____	
\$ _____		<input type="checkbox"/> Living Room Furniture		\$ _____		<input type="checkbox"/> House Damage		\$ _____	
		<input type="checkbox"/> Other Furniture		\$ _____		<input type="checkbox"/> Other (explain)		\$ _____	
26. I have been reimbursed		<input type="checkbox"/> From Coast Guard		\$ _____		<input type="checkbox"/> From Insurance		\$ _____	
\$ _____		<input type="checkbox"/> Other Agency		\$ _____					
27. My unreimbursed financial losses total: \$ _____									

Section D – APPLICANT'S CERTIFICATION

I certify that I or my immediate family did own and have incurred the losses indicated in this request and that I have not been reimbursed by any source for that portion of my loss equal to or greater than the amount being requested. I further agree to voluntarily reimburse CGMA in the event any source does reimburse me for any of these losses in the future.

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 _____ / _____ / _____

Application for CGMA Layette

Form to be completed by the CGMA client and forwarded to CGMA Headquarters.
 If CGMA client is deceased, spouse/legal guardian information may be substituted where marked with an asterisk (*).

CGMA CLIENT INFORMATION

1. Name: Last		First	Middle Initial	2. Social Security Number	3. Employee ID #
				XXX-XX -	
*4. Home Address: Street		Apt. No.	City	State	Zip Code
					-
*5. Home Telephone Number			*6. Home E-mail Address		
() -					
*7. Status: (Indicate prior status if CGMA client is deceased)					
<input type="checkbox"/> Active Duty <input type="checkbox"/> CG Civilian Employee/NAF <input type="checkbox"/> Other:					
8. Rank/Rate/Grade:		*9. Current Duty Station and OPFAC (if applicable)		*10. Work Ext	
				() -	
11. Check here if CGMA client is deceased:		12. Name of Surviving Spouse/legal guardian: Last		First	M.I.
<input type="checkbox"/>					

Client Certification:

Birth/Due Date: ____ / ____ / ____

I certify that all information indicated above is true, accurate, and complete, and that:

- I have not received nor will I accept a layette from the AFAS (Bundles for Babies) class.
- I have not received nor will I accept a layette from the NMCRS (Budgeting for Babies) class.

*CGMA client's Signature: _____ Date: ____ / ____ / ____

Attach the following document:

- A photocopy of the client's valid Coast Guard ID card (both sides, clearly legible) (If the CGMA client is deceased, a copy of spouse's/legal guardian's valid ID must be provided).

Submit the completed form with attachments to CGMA Headquarters via one of the following:

- ▶ Email the package to CGMA-HQ at ARL-DG-CGMA@uscg.mil (Preferred)
- ▶ FAX to CGMA-HQ at (703) 875-0344
- ▶ Mail to Coast Guard Mutual Assistance, 1005 N. Glebe Rd, Suite 220, VA 22201

To Be Completed by CGMA-HQ

- The applicant provided all necessary information and documentation for this Layette.

Mailed: _____

CGMA-HQ Signature: _____ Date: ____ / ____ / ____

Print Name: _____

Application for Stafford/PLUS Loan Origination Fee Reimbursement

Application for Stafford/PLUS Loan Origination Fee Reimbursement

Form to be completed by the CGMA Client, or, if client is deceased, surviving spouse or legal guardian.
Submit a separate request for each academic term (e.g. Fall Semester, Winter Quarter).

STUDENT INFORMATION

1. Academic Term: (e.g. Fall Semester 2013)	2. Check loan type(s) for which disbursements were received this academic term:		
	<input type="checkbox"/> Federal Stafford	<input type="checkbox"/> Federal PLUS	
3. Name: Last	First	M.I.	4. Social Security Number
			- -
5. Address: Street	Apt. No.	City	State Zip Code
			-
6. Date of Birth (MM/DD/YYYY)			7. Telephone No:
/ /			() -
8. Student is a: (check one)			
<input type="checkbox"/> CGMA Client <input type="checkbox"/> CGMA Client's Spouse <input type="checkbox"/> CGMA Client's Dependent Child			

CGMA CLIENT INFORMATION

If CGMA client is deceased, spouse/legal guardian information may be substituted in blocks marked with an asterisk (*).

9. Name: Last	First	M.I.	10. Social Security Number	
			- -	
*11. Home Address: Street	Apt. No.	City	State	Zip Code
				-
*12. Home Telephone No:		*13. Home E-Mail Address		
() -				
14. Status: (Indicate prior status if CGMA 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"/> NAF <input type="checkbox"/> PHS <input type="checkbox"/> CGMA				
15. Rank/Rate/Grade:	16. Current Duty Station/OPFAC#: (if applicable)		17. Work Telephone No: Ext.	
			() -	
18. Check here if CGMA client is deceased:	Name of surviving spouse/legal guardian:			
<input type="checkbox"/>	Last	First	M.I.	

I certify that all information contained herein is true, accurate and complete.

*CGMA Client's Signature _____ Date ____ / ____ / ____

Attach the following documents:

- A copy of the "Notice of Loan guarantee and Disclosure Statement" (FFEL Program) or "Notice of Loan Disbursement" (Direct Loan Program) for each loan disbursed for the academic term
- An account statement (not an invoice or billing statement) obtained or received from the school at the end of the academic term showing deposits to the student's school account for the term
- A copy of the client's valid Coast Guard ID card (both sides, clearly legible)
(If CGMA client is deceased, provide a copy of spouse's/legal guardian's valid ID.)

Sign and submit the completed form with attachments to CGMA Headquarters via one of the following:

- ▶ Scan all documents and Email the package to CGMA-HQ at ARL-DG-CGMA@uscg.mil (Preferred)
- ▶ Fax all documents to: (703) 875-0344
- ▶ Mail package to Coast Guard Mutual Assistance, 1005 N. Glebe Rd, Suite 220, Arlington, VA 22201

Application for CGMA Supplemental Education Grant (SEG)

Form to be completed by the CGMA client and forwarded to the nearest CGMA Representative.
If CGMA client is deceased, spouse/legal guardian information may be substituted where marked with an asterisk (*).

CGMA CLIENT INFORMATION

1. Name: Last		First	Middle Initial	2. Social Security Number	3. Employee ID #	
				- -		
*4. Home Address: Street		Apt. No.	City	State	Zip Code	
					-	
*5. Home Telephone Number () -			*6. Home E-mail Address			
*7. Status: (Indicate prior status if CGMA client is deceased)						
<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> CG Civilian Employee/NAF/CWC/CGES <input type="checkbox"/> Reserve <input type="checkbox"/> Auxiliary <input type="checkbox"/> PHS <input type="checkbox"/> CGMA						
*8. Rank/Rate/Grade (if applicable)		*9. Current Duty Station and OPFAC (if applicable)		*10. Work Ext		
				() -		
11. Check here if CGMA client is deceased <input type="checkbox"/>		12. Name of Surviving Spouse/legal guardian: Last				M.I.

STUDENT INFORMATION

13. Name: Last		First	M.I.	14. Social Security Number	15. Date of Birth (MM/DD/YYYY)	16. Age: (If Dependent Child)
				- -	/ /	
17. Student is a: (check one)					18. Telephone No: Student's	
<input type="checkbox"/> CGMA Client <input type="checkbox"/> CGMA Client's Spouse <input type="checkbox"/> CGMA Client's Dependent Child					() -	

Client Certification:

I certify that all information indicated above is true, accurate, and complete, and that:

- The student is enrolled in a college or university undergraduate or post graduate degree program, earning a Vocational and Technical Training (VoTech) certificate; or seeking a General Equivalency Diploma (GED).
- I am not receiving payment or reimbursement for these items from any other source.
- SEG Grants I am requesting this calendar year will not exceed \$350, and not more than \$350 has been requested on behalf of any particular student in this calendar year.

I request reimbursement in the amount of \$ _____

*CGMA client's Signature _____ Date ____/____/____

Attach the following documents:

- The student's proof of enrollment (e.g. a letter from the Registrar's Office)
- The student's original receipts for each item dated within the past 12 months
- When mailing application, a photocopy of the client's valid Coast Guard ID card (both sides, clearly legible) (If the CGMA client is deceased, a copy of spouse's/legal guardian's valid ID must be provided.)

Submit the completed form with attachments to the nearest CGMA Representative. Visit our Web site at www.cgmahq.org or call CGMA-HQ at (800) 881-2462 for CGMA Representative Locations.

To Be Completed By the CGMA Representative

- The applicant provided all necessary information and documentation for this SEG.

Check (# _____) Amount \$ _____.

CGMA Representative's Signature _____ Date ____/____/____

Print Name _____ Unit Name: _____

NOTE: This form, with attachments, including original dated receipts, must be placed in the CGMA Representative's unit file. If the dollar amount of qualifying purchases exceeds the yearly entitlement, you may mark the original receipt(s) to show the amount of this SEG, date issued, control number, and check number, sign the notation and return the receipt(s) to the applicant. Retain a photocopy in the CGMA Representative's unit file.

CGMA – APPLICATION FOR EDUCATION LOAN

Instructions for completion: All applicants are to complete Sections A, B (if applicable) and C, read Section D and sign the application for assistance. Return the completed, signed application along with supporting documentation to a local CGMA Representative for processing.

Section A – CGMA CLIENT INFORMATION

1. Name: Last	First	MI	2. Rank/Rate/Grade	3. Social Security #	4. Home Phone #
				- -	() -
5. Home Address: Street		Apt. No.	City	State	Zip Code
-					
6. Status: (Indicate prior status if CGMA Member 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"/> Other					
7. Present Unit: (if applicable)				OPFAC #	8. Work Phone #
					() -
9. Date of Birth (MM/DD/YYYY)	10. Years of Service	11. Anticipated date of Separation (MM/DD/YYYY)		12. Date Retired (MM/DD/YY)	
/ /		/ /		/ /	

Section B – STUDENT INFORMATION (To be completed if not the client.)

13. Name: Last	First	MI	14. Social Security #	15. Relationship to Client
			- -	

Section C – EDUCATION LOAN ASSISTANCE REQUESTED (may not exceed \$3,000)

16. Type of Assistance Requested	17. Total Amount of Assistance Requested	18. Requested Monthly Repayment Amount
Interest-Free Education Loan Only	\$	\$
Spending plan:		
<input type="checkbox"/> Tuition \$ _____	<input type="checkbox"/> Fees \$ _____	<input type="checkbox"/> Other Expenses \$ _____
<input type="checkbox"/> Transportation Expenses \$ _____	<input type="checkbox"/> Course Materials \$ _____	Explain _____
Other Funding Sources: Student Loans \$ _____ Scholarship Grants \$ _____		
<small>(Provided specifically to offset the above costs.)</small>		
Attach the following documents:		
<input type="checkbox"/> The student's proof of enrollment (e.g. a letter from the Registrar's office)		
<input type="checkbox"/> Documented Cost Estimates (e.g. tuition/fees list, course syllabus listing required course materials, etc.)		
<input type="checkbox"/> When mailing application, a photocopy of the client's valid Coast Guard ID card (both sides, clearly legible)		
<small>(If the client is deceased, a copy of spouse's/legal guardian's valid ID must be provided.)</small>		

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 _____ / _____ / _____



Coast Guard Mutual Assistance

Instructions: As you move through the form totals fields will update as you enter information. Complete each block that applies to your situation. Use actual figures when possible otherwise use your best estimates. Attach a LES or pay stub for each source of income. **Include** any anticipated changes in your income (longevity, step increase, advancement, bonus, etc.) **Do not** include allotment deductions from your pay. When finished, print the completed pages and return them, along with your application for assistance and supporting documents, to your local CGMA Representative.

Monthly Income

Applicant

	Primary Income			Secondary Income	
	Current	Planned		Current	Planned
Gross Income			Gross Income		
Less Deductions			Less Deductions		
Taxes			Taxes		
Garnishments			Garnishments		
Advances (Show End Date Below)			Advances (Show End Date Below)		
Other Deductions (Explain Below)			Other Deductions (Explain Below)		
Total Deductions			Total Deductions		
Net Income			Net Income		

Spouse/Other Family Members

	Primary Income			Secondary Income	
	Current	Planned		Current	Planned
Gross Income			Gross Income		
Less Deductions			Less Deductions		
Taxes			Taxes		
Garnishments			Garnishments		
Advances (Show End Date Below)			Advances (Show End Date Below)		
Other Deductions (Explain Below)			Other Deductions (Explain Below)		
Total Deductions			Total Deductions		
Net Income			Net Income		

	Other Income			Total Income	
	Current	Planned		Current	Planned
Alimony (Received)			Total Gross Income Plus Other Income Less Deductions Net Income		
Child Support (Received)					
Social Security					
Disability					
VA					
Public Assistance					
Investment Income					
Rental Income					
Other Income (Explain Below)					
Total Other Income					

Comments:



Coast Guard Mutual Assistance

Instructions: Complete each block that applies to your situation. Use actual figures when possible otherwise use your best estimates. **Include** any anticipated changes in your expenses. **Do not** include expenses in more than one category. **Do not** include expenses that are included as part of another payment.

Monthly Expenses

Housing Expenses		Family Living Expenses		
	Current	Planned		
Rent/Mortgage			Food/Groceries/Household Items	
Electric			Clothing	
Heating Oil/Natural Gas			Child Care	
Water/Sewage/Garbage			Barber/Beauty Shop	
Homeowners/Renters Assn Fees			Personal Care Items	
Other (Explain Below)			Telephone/Cell Phone/Pager	
Total Housing Expenses			Cable/Satellite TV	
			Internet Access Fees	
Transportation Expenses		Family Living Expenses		
	Current	Planned		
Gasoline			Laundry/Dry Cleaning	
Repairs and Maintenance			Recreation/Entertainment	
Tolls/Parking/Fees			School Supplies and Expenses	
Inspections			Newspapers/Magazines	
Other (Explain Below)			Work/School Lunches	
Total Transportation Expenses			Medical/Dental Care	
			Other (Explain Below)	
			Total Family Living Expenses	
Other Expenses		Insurance (not included as part of other payments)		
	Current	Planned		
Alimony (Paid)			Life	
Child Support (Paid)			Health Medical/Dental	
Charity Contributions			Disability	
Gifts/Holidays (Avg. Monthly Amt.)			Automobile	
Pets/Vet/Kennel/Food/Misc.			Homeowner/Renter	
Organizations/Clubs Fees/Dues			Other (Explain Below)	
Property and Personal Taxes			Total Insurance Expenses	
CDs/Tapes/Videos/DVDs				
Other (Explain Below)			Total Expenses and Expenditures	
Total Other Expenses				
			Current	Planned
Savings and Investments		Housing		
	Current	Planned		
Savings (Short Term)			Family Living	
Savings (Long Term)			Transportation	
Investments TSP/401k/403b etc.			Insurance	
Other Investments			Other Expenses	
Total Savings and Investments			Savings and Investments	
			Total Expenses	

Comments:



**Coast Guard
Mutual Assistance**

Instructions: Complete each block that applies to your situation. Use actual figures when possible otherwise use your best estimates. **Installment Loans:** **Include** credit card, automobile and other monthly loan payments. **Do not** include mortgage payments or other payments which have been included elsewhere. **Assets/Savings:** List all assets, indicate which assets are and are not readily available to use (due to fees, penalties, lost interest etc).

Installment Loans

Payee	Purpose of Loan	Date Incurred	Interest Rate	Original Amount	Balance Owed	Monthly Payment	
						Current	Planned
Total							

Assets/Savings			Summary			
	Available	Not Available			Current	Planed
Cash						
Checking						
Savings						
Emergency Funds			Net Income (Page 1)			
Certificates of Deposit			Less:			
Christmas Clubs etc.			Expenses (Page 2)			
Savings Bonds			Installment Payments (Page 3)			
Stocks						
Bonds			Monthly Surplus or (Deficit)			
Mutual Funds						
Retirement(401k/IRA/TSP)						
Education Accounts						
Real Estate/Property						
Other Assets						
Total						

Note: Indicate below why an asset is not available

Comments:



Coast Guard Mutual Assistance

Pre-Authorization Form

CGMA Sponsor Information

Name: Last	First	M.I.	Social Security No.	Employee ID No.
			- -	
Rank/Rate/Grade:	Current Duty Station (if applicable) and OPFAC		Unit Telephone No:	
			() -	Ext
Home Address: Street	Apt. No.	City	State	Zip Code
Home Telephone No:	Home E-Mail Address			
() -				
Status: (Please check one)				
<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Civilian <input type="checkbox"/> Reserve <input type="checkbox"/> Auxiliary <input type="checkbox"/> NAF <input type="checkbox"/> PHS <input type="checkbox"/> CGMA				

Authorization for Family Member to Receive Assistance

During the period I am deployed, underway or otherwise separated from my immediate family, I authorize Coast Guard Mutual Assistance to provide necessary financial assistance, up-to the amount indicated, to the family member listed below on my behalf and without my specific approval.

Name: Last	First	M.I.	Social Security Number	
			-	-
Home Address: Street	Apt. No.	City	State	Zip Code
Home Telephone No:	Relationship to CGMA Sponsor: (Please check one)			
() -	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other			
Amount Authorized Not to Exceed	Dates Authorization is Valid (Not to exceed 12 months)			
\$	From: / / To: / /			

I understand that I will be responsible for repayment if assistance is provided as a loan. Further, if the assistance is provided as a loan, I authorize Coast Guard Mutual Assistance to start an allotment for the amount of the loan (Active Duty, Retired Members and Civilian Employees only). I understand that allotment terms will be based on the best information available at the time assistance is provided and will be reviewed by the family member listed. Further, I understand that it will be the responsibility of the family member using this Pre-Authorization to provide me with notification concerning any assistance provided, along with information pertaining to the terms of any allotment or other repayment terms.

I understand that any assistance to my family members will depend on the merits of the situation and the policies and procedures of Coast Guard Mutual Assistance. I also understand that this authorization does not establish a line of credit with Coast Guard Mutual Assistance.

I certify that all information contained herein is true, accurate and complete.

CGMA Sponsor's Signature _____ Date _____ / _____ / _____

Witness's Signature _____ Date _____ / _____ / _____



Coast Guard Mutual Assistance Disapproval/Appeal Statement

From: CGMA Representative _____
(CGMA Representative's Location)

To: _____
(CGMA Client's Last Name, First Name, and Middle Initial)

(SSN, Rate/Rank, Unit)

Subj: Request for Assistance

1. We regret that Coast Guard Mutual Assistance (CGMA) is unable to provide the assistance you have requested. Requests for assistance must be based on financial need, and assistance must be provided in accordance with CGMA policies. After careful review and evaluation, it was determined that your request did not meet these guidelines and was denied for the following reasons:

2. If you believe your case merits further consideration, you have the option to appeal to the Executive Director. If your appeal is approved, assistance will be provided as authorized. If it is disapproved, you may make one final appeal to the CGMA Board of Control.
3. To initiate the appeal process you must indicate in writing why you feel your request merits further consideration. You may add any new or additional supporting documentation with the appeal request. You may also discuss your case, if you wish, with another member of your command. This may be your supervisor, the Command Master Chief, the Executive Officer, or others within your chain-of-command. You may ask that individual to submit an endorsement that will accompany your request for assistance throughout the appeal process.

CGMA Representative's Signature: _____ Date: _____

Copy: CGMA-HQ

