



# Coast Guard Mutual Assistance

# 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	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 – DISASTER ASSISTANCE REQUESTED

22. Type of Assistance Requested		23. Total Amount of Assistance Requested		24. Requested Monthly Repayment Amount	
Interest-Free Loan Only		\$		\$ Minimum Amount for Paygrade	
I need these funds immediately for the following items (attach additional pages if necessary).					
<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	_____		\$ _____
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 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 \_\_\_\_\_

**THIS FORM IS TO BE USED ONLY WHEN DIRECTED BY CGMA-HQ!**