



Coast Guard Mutual Assistance

Special Needs Grant

CGMA is dedicated to a policy of fair treatment. At all times, CGMA will provide an environment that promotes dignity, respect, fairness, and inclusion. These are essential ingredients to the sustainment of operational excellence, a positive office climate and a healthy work environment. All CGMA personnel and representative will comport themselves in accordance with all Coast Guard civil rights policies at all times. All CGMA clients will adhere to this policy in their interactions with CGMA HQ personnel and CGMA Representatives.

CGMA Client Information						
Name: First	M.I	Last	Suffix	SSN last 4	Employee	
Home address: Line 1	Line 2	City	State	Zip Code	Phone #	
Member Status:		Active Duty	Reservist on Active duty for 181 days or more			
Rank/Rate/Title	Unit		OFPAC #	Check if client is deceased		
Married:		# of Dependent including spouse		Year joined CG	Year of birth	
Yes No						
Email address: personal/Zelle				Email address: Work		
Zelle is an electronic disbursement application between CGMA's bank and yours.						

Applicant Information						
To be completed if the applicant is not the CGMA Client (i.e. spouse, widow(er) or other authorized family member)						
Name: First	M.I	Last	Suffix	SSN last 4	Relationship to Client	Power of Attorney
Yes No						
Email address: personal/Zelle				Pre-Authorization Form		Phone #
Yes No						

Request and purpose			
Amount requested (limited to \$3000 every 5 years)	Prefer Funds:		
\$	Apply to my CGMA loan	Electronic disbursement	Check
Reason for assistance (attach additional pages if necessary and documentation)			

Client's Certification
<p>I certify that the dependent listed above is enrolled in the Coast Guard Special Needs Program.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Client/Applicant's Signature: _____ Date: _____</p>