



Coast Guard Mutual Assistance

Spouse Professional Requirements upon PCS Program Loan

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.

Purpose: Provide financial assistance to members of the Coast Guard family by providing a loan for certain costs associated with transferring professional accreditation from one state to another in conjunction with a PCS transfer due to orders. Eligibility: All Active Duty, Reservists and CG Civilians issued relocation orders from one state to another are eligible.

CGMA Client Information									
Name: First		M.I.	Last		Suffix	SSN last 4		Employee ID	
Home address: Line 1		Line 2		City	State	Zip Code	Phone #		
Member Status:		Active Duty		Reserve		Civilian			
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				
<p>Zelle is an electronic disbursement application between CGMA's bank and yours.</p>									

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			
Type of Assistance Requested	Amount requested	Monthly Repayment	Prefer Funds:
Loan (limited to \$5000)	\$	\$	electronic disbursement Check
Reason for assistance (attach additional pages if necessary and documentation)			

CGMA Client/Applicant's Certification	
<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 of 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>	
Documentation included with application:	
I have included a copy of PCS orders.	
I have included a copy of license or certification.	
I have included documentation outlining fees and costs for certification or licensing in new state.	
Client/Applicant's Signature _____	Date _____