

Name: First

Home address: Line 1

Coast Guard Mutual Assistance

Closing Cost Loan

Employee/Auxiliary ID

Phone #

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: Closing Cost assistance is intended to help Coast Guard personnel, who would otherwise be unable to purchase a home. Assistance with closing cost charges may be provided when the client is purchasing a primary residence and has demonstrated financial need. **Instruction to CGMA Reps:** Debt Management program must be submitted to CGMAHQ for review.

CGMA Client Information

City

Suffix

State

SSN last 4

Zip Code

M.I

Line 2

Last

Member Status:	Active Duty	Retired	Reserve	Civilia	n Auxi	Auxiliary		PHS		er	
	[]							-			
Rank/Rate/Title Unit				OFPAC#			Check if client is deceased				
Married:				ding spouse Year joined Co			G Year retired			Year of birth	
Yes No											
Email address: personal/Zelle			Email add	Email address: Work							
Zelle is an electronic dis	bursement applic	ation between CG	MA's bank an	d yours.							
		Applic	ant Informa	tion							
To be completed if th	e annlicant is no				w(er) or of	her au	thorize	ed fami	lv mer	nher)	
Name: First	M.I Last	Suffix			ationship to					torney	
	Last	Sariix	33.7 103.7	INCIO	acionainp tt	CHEIR			Yes	No No	
Email address: personal/Zelle				Pre-Authorization Form			Pho	one #			
					Yes No						
			L								
		•	est and purp		<u> </u>						
			Monthly Repayment Prefer Funds:								
Loan - Max \$9000 per member \$ Reason for assistance (attach additional pages if neces		\$				c disbu	disbursement Check				
Reason for assistance	(attach additio	nal pages if nece	ssary and do	cument	tation)						
		CGMA Client	/Applicant's	Certific	ation						
Everything that I hav request including m I understand that I a may affect my credit	y credit and employers and responsible for a	oyment history. I ur	nderstand that	any miss	tatement of	fact is g	rounds o	of denia	I of this	request.	
I have included a cop Disclosure)	by of standard form	used by industry that	itemizes the sp	ecific casl	h needed on c	losing da	ay (docur	ment kno	own as C	Closing	
Louis de mateur d'Alact Cla		will not be provided	to nurchase inv	estment	property, pro	vide a do	wn navn	nent. or	for escro	ow funds.	
The client must be al	osing Cost assistance ble to qualify for the						wiii payii				
	ble to qualify for the				Date		arri payir				

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