



Coast Guard Mutual Assistance

Closing Cost 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: 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							
Name: First	M.I	Last	Suffix	SSN last 4	Employee/Auxiliary		
Home address: Line 1		Line 2	City	State	Zip Code	Phone #	
Member Status:	Active Duty	Retired	Reserve	Civilian	Auxiliary	PHS	Other
	<input type="checkbox"/>						
Rank/Rate/Title	Unit			OFPAC #	Check if client is deceased		
Married:	# of Dependent including spouse		Year joined CG		Year retired		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			
Type of Assistance Requested	Amount requested	Monthly Repayment	Prefer Funds:
Loan - Max \$9000 per member	\$	\$	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> <p>I have included a copy of standard form used by industry that itemizes the specific cash needed on closing day (document known as Closing Disclosure)</p> <p>I have included the Command Endorsement (2nd page of the application).</p> <p>I have attached documentation showing End of Enlistment/obligation to the Coast Guard.</p> <p>I understand that Closing Cost assistance will not be provided to purchase investment property, provide a down payment, or for escrow funds. The client must be able to qualify for the purchase of the home without CGMA funds</p> <p>Client/Applicant's Signature _____ Date _____</p>

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?

☐ Yes

☐ No

I have reviewed this request for assistance and recommend: ☐ Approval ☐ Disapproval

My recommendation is based on the following:

Signature _____

Date _____

Typed or Printed Name

Unit/Flotilla

COMMAND POC

Name: Last

First

M.I.

Rank/Rate/Grade

Telephone No: Work

CGMA REPRESENTATIVE

I have reviewed this request for assistance and recommend:

☐ Approval

☐ Disapproval
(CGMA Form 17 required)

My recommendation is based on the following:

Signature _____

Date _____

Typed or Printed Name

Unit