



# Coast Guard Mutual Assistance

## Debt Management 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:** to help Coast Guard members become good managers of their personal finances.

**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 ID |         |       |
| Home address: Line 1  |                                 | Line 2  | City                | State                       | Zip Code              | Phone # |       |
| Member Status:  | Active Duty                     | Retired | Reserve             | Civilian                    | Auxiliary             | PHS     | Other |
| 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   | Email address: Zelle            |         | Email address: Work |                             |                       |         |       |
| <b>Zelle</b> is an electronic disbursement application between member's bank and CGMA. Member's bank must accept Zelle. |                                 |         |                     |                             |                       |         |       |

| 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   | \$               | \$                | 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>Documents from PFM/NCCF agent:</p> <p>I have included Counselor Recommendation Form (CGMA Form 22b)</p> <p>I have included detail budget work sheet and action plan from PFM/NFCC agent</p> |            |
| Client/Applicant's Signature _____  | Date _____ |