



Coast Guard Mutual Assistance

Vehicle Repairs Expenses 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: When a client is unable to afford the cost of major, unexpected car repairs, assistance may be provided which will allow for the safe operation of the client's primary vehicle. Assistance may also be considered for a second family vehicle, when that vehicle's safe operation is essential to the family for employment, medical appointments, or when the family lives in separate geographic areas.

| 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/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 | \$ | \$ | 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 attached the proper documentation showing the estimate of vehicle repairs.</p> | |
| Client/Applicant's Signature _____ | Date _____ |