



# Coast Guard Mutual Assistance

## Child Care 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:** Assistance for childcare may be provided to assist a client during an emergency situation, but is not normally provided for regular monthly childcare costs.

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			
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 Grant	\$	\$	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>Attached documentation showing amount requested does not exceed two months of childcare costs.</p> <p>Attached Budget Form 15</p>	
Client/Applicant's Signature _____	Date _____