



Coast Guard Mutual Assistance

Elder 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 may be provided for installation of specialized equipment in a home to accommodate the elderly and/or disabled. Relocation costs for moving an elderly parent to a specialized facility or into a new residence, including the member's home.

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 written estimate for equipment and installation</p> <p>I have attached written estimate of cost for relocation (may include an initial fees for a specialized care facility)</p>	
Client/Applicant's Signature _____	Date _____