



Coast Guard Mutual Assistance

Quick Loan Application

Instructions for completion: Applicants are to complete Sections A and B, read Section C and sign the application for assistance. Submit the completed, signed application to your Commanding Officer/OIC for approval. Once approved, deliver to the nearest CGMA Representative for processing. **Please type or print all entries.**

Section A – CGMA CLIENT INFORMATION

1. Name: Last	First	M.I.	2. Rank/Rate/Grade	3. Social Security No. XXX - XX -	4. Employee ID No.
5. Home Address: Street		Apt. No.	City	State	Zip Code
6. E-Mail Address		7. Telephone No: Home () -	8. Year of Birth (YYYY)	9. Year Joined CG (YYYY)	
10. Status: <input type="checkbox"/> Active Duty Member <input type="checkbox"/> Reserve Member on Active Duty <input type="checkbox"/> Civilian Employee					
11. Present Unit:			OPFAC #	12. Telephone No: Work () - ext.	

Section B – ASSISTANCE REQUESTED

13. Type of Assistance Requested Loan Only	14. Amount of Assistance Requested \$	15. Requested Monthly Repayment Amount \$
Reason assistance is needed (attach additional pages if necessary)		

Section C – APPLICANT'S CERTIFICATION

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 for 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.

I hereby authorize the U.S. Coast Guard to supply CGMA with any requested information contained in my official Coast Guard personnel and pay files in connection with this assistance. I further authorize the U.S. Coast Guard, or any agency, to supply my latest home address to CGMA whenever requested.

I understand that CGMA is an independent private entity, not part of the U.S. Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). Information provided on this application, in some cases, may be provided by CGMA to the Coast Guard when deemed necessary.

This form, with attachments, will be kept on file with CGMA.

I certify that I do not have an existing CGMA loan balance and that I have not had more than one Quick Loan in the past year.

Applicant's Signature _____ **Date** _____

Section D – Commanding Officer/OIC Approval

I have reviewed this request for a Quick Loan and I approve.

Signature _____ **Date** _____

Typed or Printed Name	Unit	OPFAC