



Coast Guard Mutual Assistance

Application for Disaster Grant and/or Conversion of Disaster Loan into a Grant

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. Status: (Indicate prior status if CGMA Member is deceased)								8. Check if Client is deceased	
<input type="checkbox"/> Active Duty		<input type="checkbox"/> Retired		<input type="checkbox"/> Reserve		<input type="checkbox"/> CG Civilian Employee/NAF/CWC/CGES			
<input type="checkbox"/> Auxiliary		<input type="checkbox"/> PHS		<input type="checkbox"/> Other (Describe)					
9. Present Unit: (if applicable)						OPFAC #		10. Telephone No: Work () - ext.	
11. Year of Birth (YYYY)			12. Year Joined CG (YYYY)			13. Year Retired from CG (YYYY)			14. Telephone No: Home () -
15. Family members for whom you furnish more than one-half support (list additional dependents on a separate sheet if necessary)									
Name: Last		First	M.I.	Relationship to Client			Year of Birth (children)		
				Spouse			n/a		

Section B – APPLICANT INFORMATION

To be completed if the applicant is not the CGMA Client (i.e. spouse, widow(er) or other authorized family member)

16. Name: Last		First	M.I.	17. Social Security Number. xxx - xx -		18. Relationship to Client		19. Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No		20. Pre-Authorization Form <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Home Address and phone number (if different from that of the CGMA Client)											
Street				Apt. No.	City	State	Zip Code	Home Phone () -			

Section C – DETAILS

22. Amount Requested \$		23. Disaster Event		24. I live in Govt. Owned/Leased Housing <input type="checkbox"/> Yes <input type="checkbox"/> No				25. I have the below Insurance <input type="checkbox"/> Auto <input type="checkbox"/> House <input type="checkbox"/> Renters			
Please explain why your request should be approved. (For example; financially unable to repay, unreimbursed expenses incurred for evacuation; unreimbursed personal property losses; re-establish basic household needs, etc.) Attach additional pages if necessary.											
26. My financial losses total: \$ as follows:											
<input type="checkbox"/> Food \$		<input type="checkbox"/> Household Appliances \$		<input type="checkbox"/> House Damage \$		<input type="checkbox"/> Clothing \$		<input type="checkbox"/> Other Furniture \$		<input type="checkbox"/> Other (explain) \$	
<input type="checkbox"/> Bedroom Furniture \$		<input type="checkbox"/> Electronics \$									
<input type="checkbox"/> Living Room Furniture \$		<input type="checkbox"/> Car Damage \$									
27. I have been reimbursed: \$ from the following sources:											
<input type="checkbox"/> From Coast Guard \$				<input type="checkbox"/> From Insurance \$				<input type="checkbox"/> Other Agency \$			
28. My unreimbursed financial losses total: \$											

Section D – APPLICANT'S CERTIFICATION

I certify that I or my immediate family did own and have incurred the losses indicated in this request and that I have not been reimbursed by any source for that portion of my loss equal to or greater than the amount being requested. I further agree to voluntarily reimburse CGMA in the event any source does reimburse me for any of these losses in the future.

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.

Applicant's Signature _____ Date _____

THIS FORM IS TO BE USED ONLY WHEN DIRECTED BY CGMA-HQ!