

# CGMA

## 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. -                      -		4. Employee ID No.		
5. Home Address: Street                      Apt. No.                      City                      State                      Zip Code					6. E-Mail Address				
7. Status: <input type="checkbox"/> Regular Active Duty Member <input type="checkbox"/> Reserve Member Recalled to Active Duty					8. Telephone No: Home (                      )                      -				
9. Present Unit:                      OPFAC #					10. Telephone No: Work (                      )                      -                      ext				
11. Date of Birth (MM/DD/YYYY) /                      /		12. Years of Service		13. Anticipated date of Separation (MM/DD/YYYY) /                      /					
14. 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 CGMA Client		Age (if dependent child)				

### Section B – ASSISTANCE REQUESTED

15. Type of Assistance Requested		16. Amount of Assistance Requested		17. Requested Monthly Repayment Amount	
Loan Only		\$		\$	
<p><b>I need this assistance because...</b></p>					

### 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 and agree that my signature constitutes voluntary consent to collection of the debt, or any remainder thereof, from my final pay upon separation or retirement from the armed forces. 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 placed in the CGMA Representative's unit file.

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 \_\_\_\_\_