



# Coast Guard Mutual Assistance

# Federal Funding Lapse Assistance

## FOR USE WITH AMERICAN RED CROSS SUBMISSION

**Instructions for completion:** All applicants are to complete Sections A and B, read, sign and date Section C.  
Return the completed, signed application to the **American Red Cross** for processing. Please type or print all entries.

**Eligibility:** All Coast Guard Military and Civilian personnel

### Section A – CGMA CLIENT INFORMATION

Name: Last	First	M.I.	Rank/Rate/Grade	Social Security No.	Employee ID No.
				XXX - XX -	
Status:					
<input type="checkbox"/> CG Civilian Personnel <input type="checkbox"/> Active Duty <input type="checkbox"/> Cadet <input type="checkbox"/> Member with at least one dependent <input type="checkbox"/> Member with no dependents					

### Section B – IMMEDIATE ASSISTANCE REQUESTED

Type of Assistance Requested	Amount of Assistance Available
Interest-Free Loan Only	Up to \$1,000 for Members with Dependents – Up to \$750 for Members without Dependents – Up to \$200 for Cadets

**Estimated Expenses:** These estimates are for funds needed **only for the period 16 to 31 January (military) or 15 to 28 January (civilians)**. Do not include expenses that you will not need to pay during this period.

Child Care: \$ \_\_\_\_\_      Housing: \$ \_\_\_\_\_      **Total Amount Requested: \$ \_\_\_\_\_**

Essential Utilities: \$ \_\_\_\_\_      Food: \$ \_\_\_\_\_

### Section C – APPLICANT'S CERTIFICATION

I certify that I have undertaken steps to reduce and defer my expenses including, but not limited to, contacting my financial institution, landlord and creditors.

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 understand that this is a loan and that repayment will be made over a one-month period if backpay is authorized and arrives in a lump sum. Repayment will commence as soon as possible after the furlough ends.

**Applicant's Signature** \_\_\_\_\_      **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Section D – Command Endorsement

I have reviewed this request for assistance and hereby verify that this member meets the eligibility requirements for CGMA Lapse Assistance.

Signature \_\_\_\_\_      Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Typed or Printed Name \_\_\_\_\_      Unit \_\_\_\_\_

**Coast Guard SUPRT stands ready to provide Financial Counseling call (855) 247-8778 for Help**