

APPLICATION FOR COAST GUARD MUTUAL ASSISTANCE LOAN OR GRANT

(Type or print all entries)

NAME	LAST	FIRST	MID. INI.	SOCIAL SECURITY NO.	RANK/RATE	PRESENT DUTY STATION/PHONE #
HOME ADDRESS: STREET			CITY	STATE	ZIP CODE	HOME PHONE NUMBER
STATUS (CHECK ONE)			AGE	ENLIST. EXP.	NO. YR. SERVICE	DEPENDENTS
<input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED <input type="checkbox"/> CIVILIAN <input type="checkbox"/> RESERVIST <input type="checkbox"/> AUXILIARY <input type="checkbox"/> DEPENDENT <input type="checkbox"/> OTHER						_____ SPOUSE _____ PARENTS _____ CHILDREN NO _____ NO _____
ASSISTANCE REQUESTED	TYPE ASSISTANCE	AMOUNT REQ.	REPAY PER MO./LUMP SUM		COMMENCING	REPAYMENT BY
	<input type="checkbox"/> LOAN <input type="checkbox"/> GRANT					<input type="checkbox"/> CASH <input type="checkbox"/> ALLOTMENT
REASON FOR REQUEST:						

FINANCIAL INFORMATION

TO BE COMPLETED IN FULL

MONTHLY INCOME	AMOUNT	REGULAR MONTHLY EXPENSES	AMOUNT
Service Base Pay or Retired Pay	\$	<input type="checkbox"/> Rent or <input type="checkbox"/> Mortgage Payment	\$
Sea/Foreign Duty Pay/FSA		Food	
Proficiency Pay/Flight Pay		Clothing	
Quarters Allowance (BAQ & VHA)		Utilities (Gas-Electric-Water)	
Subsistence Allowance		FICA and Income Tax	
Clothing Allowance		Life and/or Other Insurance	
Spouse's Income		Monthly Payments on Debts Below	
Part Time Income		Transportation Expenses	
Other (Specify) (Rental Income, etc.)		Child Support/Care	
Pay Received Each Payday \$		Other (Specify)	
TOTAL INCOME		TOTAL MONTHLY EXPENSES	
	\$		\$

*PREVIOUS CG ASSISTANCE <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> LOAN <input type="checkbox"/> GRANT	ASSETS/SAVINGS INFORMATION
When	Checking / Savings Account(s)
Where	Investments / Land:
Amount	Savings Bonds:
Balance of Loan	Home Equity / Insurance:
Reason	Vehicle(s) and / or Boat(s):
*LIST ALL PREVIOUS LOANS	Other:
	TOTALS

INDEBTEDNESS	REASON	Name of Creditor	Initial Amt.	Date Incurred	Int Rate (APR)	Balance Due	Monthly Payment
TOTALS							

(Use Additional Pages if Necessary)

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and I understand that any misstatement of fact is grounds for denial of this request. I understand and agree that under the provisions of 37 U.S. Code 1007(c) and (h) 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. The maximum amount that may be collected without my consent is two-thirds of final separation pay less statutorily required deductions.

DATE: _____ SIGNATURE: _____

PRIVACY ACT STATEMENT

IN ACCORDANCE WITH 5 USC 552a(e)(3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD.

- AUTHORITY which authorized the solicitation of the information: 14 USC 632.
- Principal PURPOSE for which information is intended to be used: to provide Coast Guard Mutual Assistance Representative with sufficient information to make a determination if a loan or grant meets the criteria of Coast Guard Mutual Assistance By-Laws.
- The ROUTINE USE which may be made of the information: to provide a record of Coast Guard Mutual Assistance loan or grant transaction.
- Whether or not DISCLOSURE of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information: disclosure of this information is voluntary, but failure to provide the information may result in denial of a Coast Guard Mutual Assistance loan or grant.

FOR OFFICIAL USE ONLY

COMMANDING OFFICER/OIC	UNIT	DATE

Forwarded, recommended Approval/Disapproval. Comment:

SIGNATURE

ACTION OF MUTUAL ASSISTANCE REPRESENTATIVE	UNIT	DATE

Verification of ASSISTANCE REQUESTED and FINANCIAL INFORMATION/INDEBTEDNESS made in accordance with *Loan Policies* of the Operating Procedures of Coast Guard Mutual Assistance Manual.

- | | |
|---|---|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Forwarded, recommending Approval/Disapproval |
| <input type="checkbox"/> Disapproved - comments | Comments |

SIGNATURE

ACTION OF DISTRICT DIRECTOR	UNIT	DATE

- | | |
|---|---|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Forwarded to Board of Control for review |
| <input type="checkbox"/> Disapproved - comments | and action. |

SIGNATURE

RECAPITULATION OF FINAL ACTION TAKEN			DATE FIRST PAYMENT DUE		
LOAN AMOUNT	GRANT AMOUNT	CHECK NUMBER	LOAN TO BE REPAYED	PAYMENT BY	
\$	\$		\$	PER <input type="checkbox"/> MONTH	<input type="checkbox"/> ALLOTMENT <input type="checkbox"/> CASH <input type="checkbox"/> PAYMENTS

Additional Comments: