



# Coast Guard Mutual Assistance

Financial Counselor Recommendation

## Counselor Recommendation Form Coast Guard Mutual Assistance Member

CGMA Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

PFM/NFCC Member Agency's Name: \_\_\_\_\_

Counselor: \_\_\_\_\_ Location: \_\_\_\_\_

REASON FOR CLIENT'S FINANCIAL HARDSHIP SITUATION:

\_\_\_\_\_

RECOMMENDATIONS TO IMPROVE CLIENT'S FINANCIAL HARDSHIP SITUATION

\_\_\_\_\_

FINDINGS/LOAN RECOMMENDATIONS (Additional pages may be attached as necessary.)

\_\_\_\_\_ Basic financial counseling will suffice to meet the client's need.

\_\_\_\_\_ The client does not qualify for the PFM/NFCC approved Debt Management Plan.

\_\_\_\_\_ I have reviewed the CGMA Debt Management Guidelines and the client's financial situation, including projected cash flows, and believe that the client will be able to participate in an PFM/NFCC approved Debt Management Plan, **without** a loan from Coast Guard Mutual Assistance.

\_\_\_\_\_ I have reviewed the CGMA Debt Management Guidelines and the client's financial situation, including projected cash flows, and believe that the client will be able to participate in an PFM/NFCC approved Debt Management Plan, but will **need** a loan from Coast Guard Mutual Assistance.

Recommended Loan Amount: \_\_\_\_\_ Loan will be used to pay: \_\_\_\_\_

Number of Months to Repay: \_\_\_\_\_ Recommended Monthly Loan Payment: \_\_\_\_\_

I authorize this PFM/NFCC Member Agency to release any relevant information relating to my counseling session to Coast Guard Mutual Assistance for purposes of evaluating my Debt Management Loan Request.

\_\_\_\_\_  
CGMA Client's Signature/Date

\_\_\_\_\_  
Counselor's Signature/Date

**Please forward this form along with the Application for Coast Guard Mutual Assistance Loan or Grant, and other budget work sheets, including projected cash flow statements, to the member's local Coast Guard Mutual Assistance Representative.**