

Appendix C: Counseling Methods and Business Locations

(Application for Approval as a Nonprofit Budget and Credit Counseling Agency)

Name of Agency: _____

Counseling Methods:

| | | | |
|--------------------|--------------------|----------------------------|--------------------|
| In-Person: | Telephone: | Telephone/Internet: | Internet: |
| ___ Yes ___ No | ___ Yes ___ No | ___ Yes ___ No | ___ Yes ___ No |
| Languages Offered: | Languages Offered: | Languages Offered: | Languages Offered: |

Contact Information: (To be posted on the United States Trustee approved list)

| | | |
|-----------------|--------------------------|---------------------|
| Address: | Telephone number: | Web address: |
| | | |

Business Locations:

List all business locations and include telephone number and business hours. In last box, check if In-Person counseling is available at the location.

| ADDRESS (include street, city, county and state) | TELEPHONE NUMBER | BUSINESS HOURS | IN-PERSON COUNSELING AVAILABLE |
|---|---------------------|-------------------|--------------------------------------|
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