

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