

Application for Debt Management Counseling Assistance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request assistance with debt management counseling. Due to [briefly explain your financial situation], I find myself struggling to meet my financial obligations.

After researching potential resources, I believe that your organization can provide the guidance I need to better manage my finances and work towards becoming debt-free. I would greatly appreciate the opportunity to discuss this matter in more detail and explore the available options.

Thank you for considering my application. I look forward to your prompt response.

Sincerely,

[Your Name]