

Application for Bill Consolidation Assistance

Date: [Insert Date]

To: [Name of the Financial Institution/Organization]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name or "To Whom It May Concern"],

I am writing to formally request assistance with consolidating my bills due to financial hardship. My name is [Your Name], and I am a resident of [Your Address]. My current financial situation has made it increasingly difficult for me to manage multiple payments, and I believe that bill consolidation would greatly alleviate my financial stress.

I currently have the following debts:

- Debt 1: [Description and Amount]
- Debt 2: [Description and Amount]
- Debt 3: [Description and Amount]

Given my situation, I would greatly appreciate your guidance and support in consolidating these debts into a single monthly payment. I believe this would enable me to manage my finances more effectively and prevent the risk of falling behind on my obligations.

Attached to this letter are my financial documents that outline my current income, expenses, and outstanding debts. If you require any additional information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for considering my application for bill consolidation assistance. I hope to hear from you soon regarding the next steps I should take.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]