

Application for Financial Debt Counseling Assistance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Organization's Name]

[Organization's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request assistance with financial debt counseling. Due to unforeseen circumstances, I have found myself in a challenging financial situation, and I am seeking guidance on how to manage my debts effectively.

I would greatly appreciate the opportunity to meet with a financial counselor to discuss my situation and explore potential solutions that would help me regain control of my finances.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]