

# Nonprofit Debt Management Help Application

Date: [Insert Date]

To: [Nonprofit Organization Name]

Address: [Organization Address]

Dear [Contact Person's Name],

I am writing to formally apply for assistance with my debt management. My name is [Your Name], and I am currently facing financial hardship due to [briefly explain your situation: unemployment, medical expenses, etc.]. This has made it exceedingly difficult for me to manage my debts effectively.

Below, I have included essential details regarding my current financial situation:

- Total monthly income: [Your Income]
- Total monthly expenses: [Your Expenses]
- Total debt amount: [Your Total Debt]
- Types of debt: [Credit cards, loans, etc.]

I am committed to resolving my debts and believe that your organization's assistance can provide me with the necessary guidance to regain my financial footing. I would appreciate any support or advice you can offer regarding debt management strategies or programs available through your organization.

Thank you for considering my application. I look forward to your response and hope for a positive outcome.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]