

Application for Credit Counseling Program

Date: [Insert Date]

To,

[Counselor's Name]

[Organization Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Dear [Counselor's Name],

I am writing to apply for the credit counseling program offered by your organization. My name is [Your Name], and I am currently facing challenges in managing my finances and debt. I believe that your program can provide the guidance and support I need to achieve financial stability.

Due to [briefly explain your situation, e.g., unexpected expenses, job loss], I have accumulated [mention specific debts or financial obligations]. I am eager to explore options for debt management and budgeting techniques to improve my financial situation.

I would appreciate the opportunity to work with a certified credit counselor who can help me create a personalized plan and provide ongoing support throughout this process.

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

Sincerely,

[Your Name]

[Your Address Line 1]

[Your Address Line 2]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]