

**Appendix C: Counseling Methods and Business Locations**

(Application for Approval as a Nonprofit Budget and Credit Counseling Agency)

Name of Agency: \_\_\_\_\_

**Counseling Methods:**

<b>In-Person:</b>	<b>Telephone:</b>	<b>Telephone/Internet:</b>	<b>Internet:</b>
___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Languages Offered:	Languages Offered:	Languages Offered:	Languages Offered:

**Contact Information:** (To be posted on the United States Trustee approved list)

<b>Address:</b>	<b>Telephone number:</b>	<b>Web address:</b>

**Business Locations:**

List all business locations and include telephone number and business hours. In last box, check if In-Person counseling is available at the location.

ADDRESS (include street, city, county and state)	TELEPHONE NUMBER	BUSINESS HOURS	IN-PERSON COUNSELING AVAILABLE