

## **U.S. Department of Justice**

Executive Office for United States Trustees

## APPLICATION FOR APPROVAL AS A PROVIDER OF A PERSONAL FINANCIAL MANAGEMENT INSTRUCTIONAL COURSE

Introduction. In accordance with 11 U.S.C. § 111, as implemented by Application Procedures and Criteria for Approval of Providers of a Personal Financial Management Instructional Course by United States Trustees, 28 C.F.R. §§ 58.25 - 58.36 (the "Rule"), a provider of a personal financial management instructional course (a "Provider") seeking approval by the United States Trustee shall submit an application to the Executive Office for United States Trustees ("EOUST") in the form described below and in the accompanying Instructions for Application for Approval as a Provider of a Personal Financial Management Instructional Course (the "Instructions"). The Provider shall provide all information and documents required by the EOUST or the United States Trustee responsible for each judicial district in which the Provider seeks approval. Unless otherwise stated, the application and appendices shall be typewritten using the space provided on the form. Necessary attachments shall also be typewritten.

An application is complete when all sections of the application have been addressed and copies of the documents requested in the application are attached. Failure to file a complete application may result in processing delay or denial of the application. If additional space is required to complete a response, attach a separate page with the name of the Provider, the federal tax identification number, if applicable, and the item number indicated on the top, right-side of the page.

Except where a "No Change" ("NC") box appears, complete all items in the application, even if the requested information has not changed since the most recent application. **Do not leave any items blank.** If the Provider has no information to provide, state "N/A" with respect to the relevant item. Please see the accompanying Instructions for detailed guidance on completing each item.

**New Applicants.** Check the box marked "New Applicant" in item 1.1. Complete every item in the application and complete Appendices A through D. Do not check any of the "NC" boxes. Where an item provides alternatives for new applicants and returning applicants, respond as directed for new applicants only.

**Returning Applicants.** Check the box marked "Returning Applicant" in item 1.1. Where an item provides alternatives for new applicants and returning applicants, respond as directed for returning applicants only.

**Statement of No Change for Returning Applicants.** Where a "NC" box appears beside an item, if the Provider's response to that item is identical to its response in the most recent application, the Provider may check the "NC" box indicating no changes have occurred and continue to the next item. If an item does not offer the option of checking a "NC" box, then the Provider must complete the item even if its response has not changed since the previous application.

**Five Year Requirement for Returning Applicants to Complete Application in Full**. Every five years, returning applicants will be required to complete the application in full, whether or not there are any changes in their responses (the "refreshed application"). Where an "NC" box appears beside an item, the Provider shall check the "NC" box indicating no changes have occurred if the Provider's response to that

<sup>&</sup>lt;sup>1</sup> "Typewritten" includes completion of the online fillable PDF form, or completion of the form using a word processing application or a typewriter.

item is identical to its response in the most recent application, but the Provider must also answer that question in full. Beginning in January 2023, Providers will be informed one year in advance that they will complete the following year's application in full.

**Burden Statement.** Respondents are not required to complete this form unless it contains a valid OMB number. The public reporting burden for this application is estimated to average ten hours for an initial application, four hours for a standard re-application, and five hours for a refreshed re-application, including time for reviewing instructions, gathering information, and completing the application. Comments regarding this burden estimate or any or other aspect of this application, including suggestions for reducing the burden, should be directed to the Executive Office for United States Trustees, Debtor Education Application Processing, 441 G Street, NW, Suite 6150, Washington, DC 20548.

## **Section 1. General Information Concerning the Provider**

	Check only one box.  New Applicant.				
	Check here and provide the United States Trustee assigned Provider				
	number:				
	Name of Provider:				
	Federal Tax Identification Number of I	Provider, if applicable:			
	Additional names currently being used, including any d/b/a:				
	Primary business address:				
	Timary business address.				
	Street address:	Mailing address: (if different)			
	Telephone No.:	Fax No.:			
	Wahaita(a):				

1.7	Principal contact for the Provider:				
	Name	:	Title:		
	Email	address:			
	If diff	erent from primary business address:			
	Tel	ephone No.:	Fax No.:		
	Ma	iling address:			
1.8	Provide	er is:  Corporation Partnership Limited Liability Corp.	<ul><li>Institute of Higher Education</li><li>Limited Liability Partnership</li><li>Other:</li></ul>		
1.9	State of	f organization:	Date of organization:		
NC .		than those listed on items 1.2, 1.4 and <b>New Applicants</b> : Supply the requested	d information for the most recent three years.  quested information for the most recent year.		
NC 🗌	2.2	3) employer name; and 4) amount of of	ride his or her: 1) title; 2) principal occupation; direct or indirect compensation (including deferred efits). Attach a resume for each officer who has		
NC□	2.3	principal occupation; 3) employer nar	npensation and other financial benefits). Attach		

NC □ 2.4	Contracts and Referrals.  (a) Referrals to the Provider. Identify each individual or entity that regularly refers debtors to the Provider, and provide the following: 1) the individual or entity's mailing address, telephone number, e-mail address, and web address; 2) whether referred debtors receive a discount from the Provider's ordinary instructional course fee; and 3) copies of any written contracts or agreements. This includes all oral and written agreements with attorneys who refer clients to the Provider.  New Applicants: Supply the requested information for the most recent two years. Returning Applicants: Supply the requested information for the most recent year.
	(b) Referrals by the Provider. Identify each individual or entity to whom the Provider regularly refers or has referred debtors, and provide the following: 1) the individual or entity's mailing address, telephone number, e-mail address, and web address; 2) whether referred debtors receive a discount from the Provider's ordinary instructional course fee; and 3) copies of any written contracts or agreements.  New Applicants: Supply the requested information for the most recent two years.  Returning Applicants: Supply the requested information for the most recent year.

(c) **Contracts**. To the extent the Provider has engaged in transactions with its officers, directors, shareholders, affiliates, subsidiaries, or related individuals or entities, identify the individual or entity and provide the following: 1) the individual or entity's mailing address, telephone number, e-mail address, and web address; and 2) copies of any written contracts or agreements.

**New Applicants**: Supply the requested information for the most recent two years.

	Ketur	anng Applicants: Supply the requested information for the most recent year.
NC □ 2.5	instruc follow	endent Contractors. Identify each independent contractor that performs ctional course services or other services on behalf of the Provider, and provide the ring: 1) the contractor's mailing address, telephone number, e-mail address, and ddress and 2) copies of any written contracts or agreements.
Section 3. Q		xperience, and Background in Providing Personal Financial Management s
3.1	How lo	ong has the Provider been in business?YearsMonths
3.2	How lo	ng has the Provider provided personal financial management instructional courses?
		YearsMonths
3.3		esponse to item 3.2 is less than 2 years, complete this item. Otherwise, check the box and continue to item 3.4.
		N/A
	superv	ch location that serves debtors, does the Provider employ at least one office risor with experience and background in providing financial management ctional courses for no fewer than two of the last five years?
	$\circ$	Yes.
	$\circ$	No.
	Attach	the following to the application:
	(a)	Identify the individual who will serve as the supervisor for each office offering instructional courses and attach a resume describing that individual's experience and educational background.

	Names:
	□ Documents are attached.
NC □ 3.4	List the Provider's accreditations by accrediting organizations. Do not list instructor certifications here. List those on Appendix D.
NC □ 3.5	If the Provider's accreditation was revoked, suspended, or lapsed at any time during the last five years, state the dates and circumstances. If any instructor's certification was revoked, suspended, or lapsed at any time during the last five years, identify the instructor and state the dates and circumstances.
	New Applicants: Supply the requested information for the most recent five years.  Returning Applicants: Supply the requested information for the most recent year.
NC □ 3.6	List each state in which the Provider is licensed or certified to conduct financial education services. For each state identified, also identify the state regulatory body that issued the license or certificate and the license or certificate number, if any.
3.7	Attach the most recent year-end financial statements prepared in accordance with generally accepted accounting principles. If no audited financial statements were prepared, provide unaudited financial statements.
	☐ Documents are attached.
NC □ 3.8	List all legal actions, proceedings, investigations, arbitrations, mediations, and potential bond or other claims, whether pending or adjudicated, in which the Provider, any affiliate listed in the response to item 2.4(c), or any officer, director, trustee, employee, or agent of the Provider is a party, and the outcomes of any such actions.
	<b>New Applicants</b> : Supply the requested information for the most recent three years. <b>Returning Applicants</b> : Supply the requested information for the most recent year.

	List all audits, disciplinary or enforcement actions by any applicable tax, oversight, licensing, registration, or certification body against the Provider, any affiliate listed in the response to item 2.4(c), or any officer, director, trustee, employee, or agent of the Provider, and the outcomes of any such actions.					
		Supply the requested cants: Supply the red				
3.10 <b>Continuing obligation to update</b> . If any action described in items 3.5 while the application is pending, or the status of any existing action de 3.5, 3.8 or 3.9 changes while the application is pending, the Provider n notify the United States Trustees at the address identified in the Instruction			existing action descing, the Provider mu	cribed in items ust promptly		
	☐ I certify t described	hat I will notify the Uabove.	Jnited States T	rustee under the circ	cumstances	
Section 4. Lea	arning Materials a	nd Methodologies (	Course Curri	culum)		
Teaching Met	hods:					
In-Person:		Telephone:		I4	Internet:	
In-	Person:	1 elepno	л.	Inte	rnet:	
O Yes	Person:	O Yes	O No	O Yes	rnet:	
	C No		○ No		C No	
O Yes	C No	C Yes	O No	C Yes  Languages Offere	C No	

NC ☐ 4.3	State	State the average duration of an instructional course in hours and minutes.				
Cl	assroom:		Telephone:		Internet:	
English proficiency, debtors.  New Applicants: Sup		sh proficiency, and rs. <b>Applicants</b> : Suppl <u>y</u>	d identify the languag	es, other than	course based on limited a English, requested by such most recent two years. for the most recent year.	
Sections 4.	5 - 4.7: Ins	structional Metho	ds and Procedures.			
Ple	ase see the	Instructions before	e completing this secti	ion for requir	ed information and guidelines.	
	attach	ment. A Provider		to provide mo	y responses on a separate ore than one delivery method d.	
	or pro and p	ocedures since the proceed to item 4.8.	previous application a	s approved, c l <b>not unilater</b>	ges to its instructional methods sheck "NC" where applicable rally change its curriculum	
NC ☐ 4.5	proce	ss of providing info		ing information	rocess, beginning with the on from a debtor, and ending	
	(a)	The process of ob	taining debtor inform	ation and pro	widing mandatory disclosures;	
	(b)	The substance of t	the instructional cours	se;		
	(c)	The Provider's po	licies concerning clas	ss size;		
	(d)	The Provider's prointeract with debte	_	that an instru	actor is present to instruct and	
	(e)				g of certificate issuance and may issue certificates.	
NC □ 4.6	proce	ss of providing info		ing information	rocess, beginning with the on from a debtor, and ending	

(a)

The process of obtaining debtor information and providing mandatory disclosures;

- (b) The substance of the instructional course;
- (c) The Provider's experience and proficiency in providing an instructional course over the telephone;
- (d) The Provider's debtor identity verification processes;
- (e) The Provider's procedures for ensuring that an instructor is telephonically present to instruct and interact with debtors;
- (f) The Provider's procedures for providing learning materials to debtors before the telephone instructional course session;
- (g) The Provider's procedures for incorporating tests into the curriculum that support the learning materials, ensure completion of the course, and measure comprehension;
- (h) The Provider's procedures for ensuring review of tests prior to the completion of the instructional course;
- (i) The Provider's procedures for ensuring direct oral communication from an instructor by telephone or in person with all debtors who fail to complete the test in a satisfactory manner or who receive less than a 70% score;
- (j) The criteria the Provider employs to measure the time spent by the debtor to complete the instructional course;
- (k) A complete response to items 4.6(d) (j) as to spouses receiving joint instruction;
- (l) The certificate issuance process, including the timing of certificate issuance and the Provider's policies concerning which personnel may issue certificates.
- NC 4.7 Internet instruction. Describe the instructional course process, beginning with the process of providing information to or obtaining information from a debtor, and ending with certificate issuance. Include the following elements:
  - (a) The process of obtaining debtor information and providing mandatory disclosures;
  - (b) The substance of the instructional course;
  - (c) The Provider's experience and proficiency in providing instructional courses over the internet;
  - (d) The Provider's debtor identity verification processes;
  - (e) The Provider's procedures for incorporating tests into the curriculum that support the learning materials, ensure completion of the course, and measure comprehension;
  - (f) The Provider's procedures for ensuring review of tests prior to the completion of the instructional course;
  - (g) The Provider's procedures for ensuring direct communication from an instructor by electronic mail, live chat, or telephone with all debtors who fail to complete the test in a satisfactory manner or who receive less than a 70% score;

(h) The criteria the Provider employs to complete the instructional course;		complete the instructional course;	
	(i)	The Provider's procedures for responding to a debtor's questions or comments within one business day;	
	(j)	A complete response to items 4.7(d)-(i) as to spouses receiving joint instruction; and	
	(k)	The certificate issuance process, including the timing of certificate issuance and the Provider's policies concerning which personnel may issue certificates.	
NC	Describe the Provider's procedures concerning completion and submission of course evaluation forms by debtors. Attach a copy of the proposed evaluation form. Note that certificate issuance may not be withheld based on a debtor's failure to submit a course evaluation form or failure to obtain a passing grade on a quiz, examination, or test.		
NC 🗌 4.9	☐ 4.9 Attach copies of written standards, manuals, procedures, or guidelines, if any, the Provider supplies to its instructors relating to the matters set forth in items 4.5 thro 4.7.		
Section 5.	Fees	and Fee Waivers.	
5.1	Fees		
	(a) L cours	ist all fees and contributions paid by the debtor in connection with the instructional se.	
	` ′	* *	
	(b) L speci spou Prov	* *	

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(c) List all attorneys or law firms from whom the Provider directly or indirectly accepts, or to whom the Provider provides reduced rates or discounts (including

coupons) in connection with financial education services.

discounts identified in (a), (b), and (c) and describe the timing of disclosures.  (e) If the Provider seeks fees in excess of \$50 per debtor, describe the basis for the fee increase and provide a cost-based justification. Please see the Instructions. The Provider shall not unilaterally increase its fee without prior United States Trustee approval.  Fee waivers.  (a) Describe any and all fee waiver and fee reduction policies based on the		
Fee waivers.  (a) Describe any and all fee waiver and fee reduction policies based on the debtor's ability to pay.  (b) Describe how the Provider discloses to the debtor its fee waiver or fee reduction fee reduction policies have a provided by the provider discloses to the debtor its fee waiver or fee reduction fee reduction.	(d) Describe how the Provider discloses to debtors its fees, and reduced rates or discounts identified in (a), (b), and (c) and describe the timing of disclosures.	
Fee waivers.  (a) Describe any and all fee waiver and fee reduction policies based on the debtor's ability to pay.  (b) Describe how the Provider discloses to the debtor its fee waiver or fee reduction fee reduction policies have a provided by the provider discloses to the debtor its fee waiver or fee reduction fee reduction.		
(a) Describe any and all fee waiver and fee reduction policies based on the debtor's ability to pay.  (b) Describe how the Provider discloses to the debtor its fee waiver or fee reduction	increase and provide a cost-based justification. Please see the Instructions. The	
(a) Describe any and all fee waiver and fee reduction policies based on the debtor's ability to pay.  (b) Describe how the Provider discloses to the debtor its fee waiver or fee reduction		
(b) Describe how the Provider discloses to the debtor its fee waiver or fee reduction	Fee waivers.	
	(a) Describe any and all fee waiver and fee reduction policies based on the debtor's ability to pay.	
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5.2

## **Section 6. Disclosures**

	Attach copies of all disclosure forms that will be provided to debtors. Please see the Instructions for a complete list of mandatory disclosures.			
	☐ Disclosure documents ar	re attached.		
Section 7. Ap	opendices (to be completed and atta	ched to the application)		
	<b>New Applicants</b> : Complete Appendices A, B, C, and D. Do not complete Appendix E <b>Returning Applicants</b> : Complete Appendices A, B, C, D, and E.			
7.1		Agreements, and Declarations in Support of ovider of a Personal Financial Management		
7.2	Appendix B: Judicial Districts.			
7.3	Appendix C: Business Locations.			
7.4	7.4 Appendix D: Matrix of Current Instructors. For each location listed on Appendix that will be staffed by instructors providing instructional courses to debtors, enter the instructor's name in the employee box and complete the information as instructed.			
7.5		Approved Personal Financial Management Instructional er has never been approved to provide an instructional x E.		
	☐ Documents are attached	i.		
Section 8. Ce	ertification and Signature			
the above nar accompanying device a mater statement or r accurate and	med organization; I have examined to g documents; the application does not rial fact; the application does not material to the application does not materially false, find do not make any materially false, find	m authorized to complete this application on behalf of the contents of the application, enclosures, and other of falsify, conceal, cover up by any trick, scheme or take any materially false, fictitious or fraudulent ded with this application are authentic, complete, and etitious or fraudulent statement or representation; and all my knowledge, information, and belief.		
Signature of Preside Authorized Represe	ent, Chairman, Trustee, or Other entative	Type or Print Name of Signer		
Type or Print Title	of Signer	Date		