

Appendix C: Agency Checklist for Adequacy of Facilities

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

Agency Name: _____

TAX ID: _____

Location Address: _____

CHECK ONE		REQUIRED ELEMENT	EXPLANATION
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Handicapped accessible building and room.	No steps at door entry or at wheelchair ramp, rail. Meets specifications of ADA.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Handicapped accessible restrooms.	Meets ADA.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Close to public transport.	Location within ½ mile of bus stop or reasonable distance from public transportation if available in the area.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Convenient parking and physically challenged designated parking available.	
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Facility meets standard building safety codes.	
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Facility does not exceed occupancy requirements for safety, fire, or health codes, rules or laws.	Occupancy permit for intended use and number of occupants.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Facility meets fire/life and health codes, rules or regulations.	Established exit, fire alarm, sprinkler, or safety requirements are met.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Facility does not contain hazardous materials.	Facility is free of hazardous materials according to federal, state, and local environmental rules or regulations.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Facility has adequate liability insurance coverage.	

THE CHECKLIST IS NOT AN EXCLUSIVE OR EXHAUSTIVE LIST OF ELEMENTS THE BANKRUPTCY ADMINISTRATOR MAY CONSIDER IN DETERMINING WHETHER A FACILITY IS ADEQUATE.

I declare under penalty of perjury that I have reviewed the information provided on this checklist and it is true and correct to the best of my knowledge, information, and belief.

Signature of Owner, President, Chairman, Trustee, or Official

Type or Print Name of Signor Other Authorized

Type or Print Title of Signor

Date

***Internet or telephonic credit counseling briefings are not subject to these requirements.**