MEDICAL HARDSHIP LETTER

To: _____

From: _____

Subject: _____

Dear Sir or Madam,

I am writing to formally notify you of a serious medical hardship that has significantly impacted my financial situation and my ability to meet my financial obligations. Due to unforeseen medical circumstances, I am experiencing exceptional hardship and require consideration and assistance.

Medical Condition Description:

I have been diagnosed with the following medical condition(s) which have adversely affected my health and financial stability:

_____

_____

_____

Financial Impact:

As a result of my medical condition(s), my income has been reduced and my expenses have increased due to medical treatments, medications, and care requirements. This has created an undue financial burden, making it impossible to meet my current financial commitments without assistance.

Requested Assistance:

I respectfully request consideration for the following assistance options to alleviate my financial hardship during this medical crisis:

- Payment deferral or reduction - Extended payment plans - Suspension of penalties and fees - Other forms of financial assistance you may deem appropriate

Supporting Documentation:

Enclosed are copies of relevant medical records, physician statements, and financial documents to support my claim of hardship. These documents verify the nature of my condition and the financial difficulties incurred.

Acknowledgment and Authorization:

I understand that this letter and enclosed documentation will be reviewed confidentially and used solely for the purpose of evaluating this hardship request. I authorize the release of information necessary to verify my medical condition and financial status.

Legal Compliance and Binding Agreement:

This letter constitutes a formal request for hardship assistance under applicable United States laws and regulations. All

statements herein are true to the best of my knowledge and belief. I acknowledge that providing false information may result in legal consequences.

Thank you for your time and consideration. I look forward to your prompt response and assistance.

Sincerely,

_____

Signature

Printed Name: _____

Address: _____

Phone Number: _____

Email Address: _____

APPLICANT'S SIGNATURE

Signature: _____

WITNESS / NOTARY SIGNATURE

Signature: _____