

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]
[Date]

[Recipient Name or Department]
[Financial Institution or Organization Name]
[Organization Address]

RE: Hardship Assistance Request - Account Number: [Your Account Number]

Dear [Recipient Name],

I am writing to formally request hardship assistance regarding my financial obligations. Due to unexpected and severe life changes, I am currently facing extreme financial distress.

On [Date], I was diagnosed with a permanent disability [Optional: mention nature of disability]. This condition has resulted in the permanent loss of my employment as of [Date of Job Loss]. Because of these circumstances, my household income has been significantly reduced, and I am no longer able to meet my current payment schedule.

I am committed to resolving my financial responsibilities and am requesting that you consider the following options to assist me during this time:

- A temporary suspension of payments (forbearance).
- A permanent modification of my payment plan.
- A reduction in interest rates or waiver of late fees.
- [Optional: Any other specific request].

Attached to this letter, please find supporting documentation including medical records confirming my disability and a separation letter from my former employer.

Thank you for your time and for considering my request. I look forward to hearing from you regarding a possible solution. I can be reached at [Your Phone Number] to discuss this matter further.

Sincerely,

[Your Signature]

[Your Printed Name]