

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Lender Name]
[Lender Address]
[City, State, Zip Code]

RE: HELOC Account Number: [Your Account Number]

Dear [Contact Person or Department Name],

I am writing this letter to formally request a partial or full forgiveness of my Home Equity Line of Credit (HELOC) balance due to extreme medical hardship.

Since [Date of Onset], I have been dealing with a serious medical condition involving [Name of Medical Condition or Brief Description]. This situation has resulted in significant medical expenses and a substantial loss of household income because [I am unable to work / my spouse is unable to work / I am acting as a full-time caregiver].

Currently, my financial situation is as follows:

- Monthly Income: \$[Amount]
- Monthly Medical Expenses: \$[Amount]
- Total Outstanding Medical Debt: \$[Amount]

Despite my best efforts to remain current on my obligations, these unforeseen circumstances have made it impossible to maintain my HELOC payments. I have attached documentation, including [Medical Bills / Doctor's Letter / Financial Statements], to verify my situation.

I am asking for your department to consider a one-time debt forgiveness or a significant settlement offer to resolve this balance. I am committed to maintaining my primary mortgage payments to keep my home, but I cannot sustain the HELOC debt under my current circumstances.

Thank you for your time and for considering my request. I look forward to hearing from you soon to discuss potential options.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: [List attached documents]