

# Residency Permit Application for Medical Reasons

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Department/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally apply for a residency permit on medical grounds. I am currently facing [briefly explain your medical condition] and require ongoing treatment that necessitates my presence in [country/city]. My healthcare provider has recommended that I seek specialized care that is available in your jurisdiction.

Enclosed with this letter, you will find the following documents:

- A letter from my doctor detailing my medical condition and the need for treatment.
- My medical history records.
- Proof of health insurance coverage.
- Any other required documents stipulated in the residency permit application guidelines.

Given the urgency of my situation, I kindly request that my application be expedited. I am eager to comply with all necessary regulations and assure you of my commitment to fulfilling any requirements for residency.

Thank you for considering my application. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]