

Beneficiary Fee Waiver Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient Name]

[Recipient Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a fee waiver for [specific fee/charges] associated with my [service or benefit name], as I am currently facing significant financial hardship.

Due to [briefly explain your situation, e.g., job loss, medical expenses, etc.], I am struggling to meet my basic living expenses and the fees in question are an added burden that I cannot afford at this time.

Attached to this letter, you will find documentation supporting my request, including [list any relevant documents, such as income statements, bills, etc.].

I appreciate your consideration of my situation and hope for your understanding. I look forward to your favorable response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]