

Application for Temporary Disability Assistance

Date: [Insert Date]

To,

The [Recipient's Title],
[Name of the Institution/Organization],
[Address Line 1],
[Address Line 2],
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request temporary disability assistance following my recent injury. On [insert date of injury], I sustained an injury that has significantly impacted my ability to perform my daily activities and work responsibilities.

I have attached the necessary medical documentation, including a note from my physician confirming my condition and the expected duration of my recovery, which is estimated to be [insert estimated recovery time].

Due to my current situation, I kindly request financial assistance to help cover my medical expenses and other necessary living costs during this recovery period.

I appreciate your consideration of my application and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

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