

# Loan Discharge Application Due to Disability

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To:

[Lender's Name]

[Lender's Address]

[City, State, Zip Code]

Subject: Application for Loan Discharge Due to Disability

Dear [Lender's Name],

I am writing to formally request a discharge of my loan due to my disability. My loan account number is [Your Loan Account Number]. Due to [briefly describe the nature of the disability], I am unable to continue making payments on my loan.

Attached to this letter are the medical documents and proof of my disability for your reference. I kindly ask for your consideration in this matter and look forward to your prompt response.

Thank you for your attention to this request.

Sincerely,

[Your Name]

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Attachments: Medical documents, Proof of Disability