

# Loan Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To,

[Lender's Name]

[Lender's Address]

[City, State, Zip Code]

## **Subject: Application for Second Loan for Medical Expenses**

Dear [Lender's Name],

I hope this letter finds you well. I am writing to formally apply for a second loan to cover unexpected medical expenses that have arisen due to [briefly explain the medical situation]. My previous loan with your institution has greatly assisted me, and I am grateful for your support.

The additional financial assistance will help me manage [specific medical costs, e.g., surgeries, medications, treatments]. I have attached all necessary documents, including medical bills and a summary from my healthcare provider, as evidence of the expenses incurred.

I would appreciate your consideration of this request and look forward to your positive response. Thank you for your time and support.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]