

Joint Loan Application for Medical Expenses

Date: [Insert Date]

[Lender's Name]

[Lender's Address]

[City, State, Zip Code]

Dear [Lender's Name],

We, [Applicant 1 Name] and [Applicant 2 Name], are writing to formally apply for a joint loan for the purpose of covering medical expenses incurred due to [briefly describe the medical situation].

The total amount we are requesting is \$[insert amount]. This will be utilized for [breakdown of expenses, e.g., hospital bills, medication, treatments, etc.]. We have attached supporting documents, including medical bills and treatment plans, for your review.

Both of us have stable incomes and are committed to managing this loan responsibly. Our combined monthly income is \$[insert amount], and we are confident in our ability to make timely repayments.

We appreciate your consideration of our application. Please feel free to contact us at [Applicant 1 Phone Number] or [Applicant 2 Phone Number] if you require any further information.

Thank you for your attention to this matter. We look forward to your positive response.

Sincerely,

[Applicant 1 Name]

[Applicant 1 Address]

[City, State, Zip Code]

[Applicant 1 Email]

[Applicant 2 Name]

[Applicant 2 Address]

[City, State, Zip Code]

[Applicant 2 Email]