

Application for Financial Assistance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Organization/Agency Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request financial assistance due to my disability. I have been diagnosed with [insert disability] which has significantly impacted my ability to [explain how it affects your daily life and work].

As a result, I am seeking financial support to help cover [specific needs such as medical expenses, mobility aids, or living costs] during this challenging time.

I have attached the necessary documentation, including medical records and any relevant financial information, to support my application.

Thank you for considering my request. I look forward to your positive response.

Sincerely,

[Your Name]