

Request for Waiver of Late Rent Fee

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Landlord's Name]

[Landlord's Address]

[City, State, Zip Code]

Dear [Landlord's Name],

I hope this message finds you well. I am writing to formally appeal for the waiver of the late fee associated with my rent payment for the month of [Insert Month]. Due to unexpected medical expenses, I was unable to make the rent payment by the due date of [Insert Due Date].

On [Insert Date of Medical Issue], I was faced with unforeseen medical circumstances that required immediate attention and led to significant financial strain. As I prioritize health and wellbeing, the sudden medical bills have regrettably impacted my ability to fulfill my rental obligations on time.

I understand the importance of timely rent payments and have consistently been a reliable tenant. I kindly request your understanding in this exceptional situation and hope you consider waiving the late fee of [Insert Amount]. This would greatly assist me in managing my finances while I navigate these unexpected challenges.

Thank you for considering my appeal. I look forward to your positive response. Please feel free to contact me if you need any further information or documentation regarding my situation.

Sincerely,

[Your Name]