

Declaration for Hardship Payment Assistance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally declare my current financial hardship due to the costs associated with the care of my elderly [parent/relative], [Name of Elderly Person], who is in need of assistance. The ongoing expenses related to their medical care, medications, and daily living aids have created a significant financial burden on my household.

The details of the situation are as follows:

- Monthly income: [Insert Amount]
- Total monthly expenses: [Insert Amount]
- Care costs for [Name of Elderly Person]: [Insert Amount]

Despite my efforts to manage these expenses, the increasing costs of care have led to financial distress. I kindly request your consideration for hardship payment assistance to help alleviate this burden.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]