

Request for Hardship Payment Assistance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Organization's Name]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request hardship payment assistance due to overwhelming medical expenses that I have recently incurred. My current financial situation has significantly changed as a result of [briefly explain your medical condition and its impact on finances].

Due to these unforeseen circumstances, I am struggling to meet my regular expenses, and I am seeking assistance to help alleviate the financial burden. Any support or guidance you could provide would be greatly appreciated.

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

Sincerely,

[Your Name]