

# Request for Hardship Payment Assistance

Date: [Insert Date]

To whom it may concern,

I am writing to formally request hardship payment assistance due to my current financial situation stemming from my disability. My name is [Your Name], and my address is [Your Address]. I have been diagnosed with [Your Disability], which significantly impacts my daily life and employment opportunities.

Due to my condition, I have faced [briefly describe the challenges, such as job loss, increased medical expenses, etc.]. As a result, I am currently unable to meet my financial obligations, including [list specific payments, e.g., rent, utilities, medical bills].

I am seeking assistance to help cover these essential expenses during this difficult time. I have attached relevant documentation including [list any documents, e.g., medical records, financial statements, etc.] to support my request.

Thank you for considering my application. I look forward to your prompt response, as it will greatly alleviate my distress and help me regain stability.

Sincerely,

[Your Name]

[Your Contact Information]