

# Letter of Appeal for Debt Alleviation

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request your consideration for a debt alleviation program regarding my account [Account Number]. Due to [brief explanation of hardship, e.g., loss of employment, medical issues], I am currently facing financial difficulties that have hindered my ability to meet my obligations.

Despite my efforts to manage my debts responsibly, the circumstances I am facing have made it increasingly difficult to make payments as agreed. I am committed to resolving this matter and am requesting a reduction in my monthly payments or a temporary forbearance to alleviate some of the financial strain.

I have attached documentation that supports my current financial situation and would greatly appreciate any assistance you can provide in this matter. I am hopeful that we can work together to find a feasible solution.

Thank you for considering my appeal. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]