

Financial Hardship Assistance Offer

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We hope this letter finds you well. We understand that you may be experiencing financial difficulties due to [reason for hardship, e.g., loss of employment, medical expenses]. In light of your situation, we would like to offer our assistance to help you navigate this challenging time.

We are pleased to inform you that you may qualify for our Financial Hardship Assistance Program. Details of the program include:

- Reduced monthly payments
- Extended payment terms
- Potential waiver of fees

Please contact us at your earliest convenience to discuss your options and how we can assist you further. You can reach us at [Phone Number] or [Email Address].

We are here to support you through this process.

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Company Contact Information]