

Request for Lenient Debt Management Plan

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

[Creditor's Name]

[Creditor's Address]

[City, State, ZIP Code]

Dear [Creditor's Name],

I hope this letter finds you well. I am writing to formally request a lenient debt management plan regarding my current outstanding balance of [amount]. Due to [brief explanation of financial hardship, e.g., loss of job, medical expenses], I am struggling to meet my existing payment obligations.

In light of my situation, I would like to propose a modified payment schedule that would allow me to manage my debt more effectively. I believe a reduced payment of [proposed amount] per month for the next [number of months] would enable me to remain current on my account while addressing my financial challenges.

I am committed to resolving this matter and believe that with your support, we can reach an agreement that works for both parties. Please let me know if you require any further information or documentation to support my request.

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

Sincerely,

[Your Name]