

# Financial Hardship Declaration

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster/Insurance Company Representative's Name],

I am writing to formally declare my financial hardship as it pertains to my current insurance claim, [Claim Number], submitted on [Insert Submission Date]. Due to [briefly describe the situation causing financial hardship, e.g., loss of employment, medical expenses, natural disaster], I find myself in a position where I am unable to meet my financial obligations.

As a result of these circumstances, I kindly request assistance with my insurance claim. I understand the importance of adhering to policy requirements and assure you that I am committed to providing any additional documentation needed to support my case.

Please find attached [mention any attached documents, e.g., proof of income loss, medical bills, etc.] to substantiate my claim for assistance.

Thank you for your attention to this matter. I look forward to your prompt response and hope for your understanding and support during this difficult time.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]