

# Request for Mortgage Forbearance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Lender's Name]

[Lender's Address]

[City, State, Zip Code]

Dear [Lender's Name],

I am writing to formally request a mortgage forbearance due to medical expenses that have significantly impacted my financial situation. My mortgage account number is [Your Mortgage Account Number].

Due to recent medical circumstances, including [briefly explain medical situation], I have incurred unexpected expenses that have made it challenging for me to meet my mortgage payments. I am committed to meeting my obligations and seeking temporary relief to stabilize my financial position.

I kindly ask for a forbearance period of [number of months] during which I would not be required to make mortgage payments. I believe that this temporary assistance will allow me to recover and continue making timely payments in the future.

Attached to this letter are documents supporting my request, including medical bills and any other relevant information.

Thank you for considering my request. I hope to hear from you soon to discuss this matter further. Please feel free to reach me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]