

# Mortgage Deficiency Waiver Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Lender's Name]

[Lender's Address]

[City, State, Zip Code]

Subject: Request for Mortgage Deficiency Waiver Due to Medical Expenses

Dear [Lender's Name],

I hope this letter finds you well. I am writing to formally request a waiver of the deficiency on my mortgage, account number [Insert Account Number], due to significant medical expenses I have incurred over the past [duration].

As you may be aware, I have been facing [briefly describe the medical condition and its impact on your finances]. These unexpected costs have severely impacted my financial stability, making it challenging to meet my mortgage obligations.

I have attached relevant documentation, including medical bills and any other pertinent information regarding my situation, to support my request.

Given my current circumstances, I kindly ask for your understanding and consideration in waiving the deficiency resulting from my recent mortgage foreclosure. This action would greatly alleviate my financial burden and allow me to focus on my health recovery.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]