

Fixed Repayment Loan Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To,

[Lender's Name]

[Lender's Institution]

[Lender's Address]

[City, State, Zip Code]

Subject: Application for Fixed Repayment Loan for Medical Expenses

Dear [Lender's Name],

I am writing to formally apply for a fixed repayment loan in order to cover my medical expenses related to [briefly describe the medical condition or procedure]. The total amount I am seeking is [insert amount], which will be used for [insert details on how the funds will be used, e.g., hospital bills, medication, etc.].

Due to the unforeseen nature of my medical expenses, I am facing financial difficulty and would greatly appreciate your consideration of my application. I am committed to repaying the loan in fixed monthly installments and have outlined my proposed repayment plan below:

- Loan Amount: [insert amount]
- Repayment Term: [insert term, e.g., 12 months]
- Monthly Payment: [insert expected payment amount]
- Interest Rate: [insert expected interest rate]

Attached are the necessary documents to process my application, including:

- Proof of income
- Medical bills/statements
- Identification proof

I hope you understand my situation and consider my request favorably. Thank you for your time and support.

Sincerely,

[Your Name]