

Personal Loan Application for Medical Expenses

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

To,

[Lender's Name]

[Lender's Address]

[City, State, ZIP Code]

Subject: Application for Personal Loan for Medical Expenses

Dear [Lender's Name],

I am writing to request a personal loan in the amount of [insert amount] to cover urgent medical expenses. I have recently encountered unexpected medical costs due to [briefly explain situation, e.g., surgery, hospitalization], and unfortunately, I am unable to cover these expenses through my current financial means.

The total cost of the medical expenses is [insert total amount], and I am seeking financial assistance to help manage this burden. I believe that with your support, I can ensure that my medical needs are addressed promptly.

Attached to this letter are copies of the medical bills and related documentation for your review. I am confident in my ability to repay this loan in a timely manner and will provide my employment details and credit history upon your request.

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

Sincerely,

[Your Name]