

Application for Altered Loan Conditions

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Lender's Name]

[Lender's Address]

[City, State, Zip Code]

Dear [Lender's Name],

I am writing to formally request a review of my loan conditions due to a significant impact on my financial situation resulting from a recent illness. My current loan account number is [Loan Account Number].

As you may be aware, my health condition has affected my ability to maintain regular payments. [Briefly describe your illness and its financial impact, including any changes in income or expenses].

In light of these circumstances, I am kindly requesting a modification of my loan conditions, which may include [list specific requests, e.g., reduced monthly payments, extended repayment period, etc.].

I appreciate your understanding and support during this difficult time. I am hopeful we can come to an agreement that will allow me to manage my payments without further financial strain.

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

Sincerely,

[Your Name]