

Loan Modification Inquiry

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

Loan Officer's Name

[Bank/Institution Name]

[Bank/Institution Address]

[City, State, Zip Code]

Dear [Loan Officer's Name],

I am writing to request a modification of my loan structure due to a chronic illness that has significantly impacted my financial situation. My loan account number is [Loan Account Number].

Due to [briefly explain your illness], my ability to maintain regular payments has been compromised. I am committed to fulfilling my obligations and would appreciate your assistance in exploring options for a modified payment plan that could accommodate my circumstances.

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

Sincerely,

[Your Name]