

# Loan Modification Request Notification

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 modification of my loan due to health difficulties that have impacted my financial situation. As you may be aware, I have been facing [briefly describe health condition] which has made it increasingly difficult for me to maintain my current payment schedule.

In light of this situation, I would like to discuss potential options for adjusting my loan terms to better align with my current financial capabilities. I am hopeful to find a solution that works for both parties during this challenging time.

Enclosed are the relevant documents that outline my medical condition and its financial impact. I am available for a discussion at your earliest convenience and appreciate your understanding and support in this matter.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]