

Request for Loan Term Modification

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Lender's Name]

[Lender's Address]

[City, State, Zip Code]

Dear [Lender's Name],

I hope this letter finds you well. I am writing to formally request a modification of the terms of my loan due to unforeseen medical circumstances that have significantly impacted my financial situation.

My account number is [Your Account Number]. Due to [briefly explain medical situation], I have experienced increased medical expenses and a reduction in my income. This has made it challenging for me to maintain my current loan payments.

I kindly request your consideration for a modification of my loan terms. I believe that adjusting the payment schedule or reducing my interest rate could provide me with the necessary relief during this difficult time.

I have attached copies of my medical bills and documentation from my healthcare provider for your review. I genuinely appreciate any assistance you can provide during this challenging period.

Thank you for considering my request. I hope to hear from you soon.

Sincerely,

[Your Name]