

Loan Repayment Adjustment Request

Date: [Insert Date]

To: [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 an adjustment to my loan repayment schedule due to unforeseen medical circumstances that have impacted my financial situation.

My loan account number is [Insert Loan Account Number]. Due to [briefly explain medical circumstances, e.g., "a recent hospitalization and ongoing treatment for a serious illness"], I have incurred significant medical expenses and have been unable to maintain my regular income.

In light of this situation, I kindly request a review of my loan repayment terms. I am hoping to have my monthly payments temporarily reduced or deferred until my health improves and my financial situation stabilizes. I am committed to fulfilling my obligations and want to ensure I can continue making payments in the long run.

Thank you for your understanding and consideration of my request. I am looking forward to your prompt response so we can discuss potential solutions. I can be reached at [Your Phone Number] or [Your Email Address].

Sincerely,
[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]