

Request for Loan Modification Due to Medical Expenses

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 hope this letter finds you well. I am writing to formally request a modification of my existing installment loan (Account Number: [Insert Account Number]) due to unforeseen medical expenses that have placed a significant financial strain on my current budget.

Recently, I have incurred unexpected medical costs related to [briefly describe medical condition or event], which have resulted in [explain how it has impacted your finances]. I have attached relevant documentation, including medical bills and insurance statements, for your review.

Given my current circumstances, I would greatly appreciate your consideration of the following modification options:

- Lowering the monthly payment
- Extending the loan term
- Temporarily reducing the interest rate

I am committed to repaying my loan obligations and believe that these modifications would assist me in managing my finances more effectively during this challenging time.

Thank you for taking the time to consider my request. I am open to discussing this matter further and look forward to your prompt response.

Sincerely,

[Your Name]