

Appeal for Temporary Hardship Condition

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Organization/Company Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally appeal for consideration regarding my current temporary hardship condition. Due to [briefly explain the reason for hardship, e.g., job loss, medical issues], I find myself in a challenging financial situation that has made it difficult to [explain what you're struggling with, e.g., pay bills, make loan payments].

Despite my efforts to manage my finances responsibly, I am now seeking assistance to navigate this difficult period. [Include any specific requests, such as a temporary reduction in payments, extension, etc.]. I have attached relevant documents to support my appeal, including [list any documents such as medical records, termination letters, etc.].

I sincerely hope that you can consider my situation and grant me the necessary support during this challenging time. I appreciate your understanding and am willing to provide any additional information needed to assist in the review of my request.

Thank you for your time and consideration.

Sincerely,

[Your Name]