

Request for Financial Hardship Fee Waiver

Date: [Insert Date]

To: [Recipient's Name]
[Institution/Organization Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a fee waiver due to financial hardship. My name is [Your Name], and my account number is [Your Account Number].

Currently, I am experiencing significant financial difficulties due to [briefly explain your situation, e.g., job loss, medical bills, etc.]. This situation has made it increasingly challenging to meet my financial obligations, including the payment of fees associated with [specific fees].

I kindly request your understanding and consideration for waiving these fees. I have attached the necessary documents to support my claim, including [list any attached documents, e.g., proof of income, medical bills, etc.].

Thank you for your attention to this matter. I appreciate your understanding and support during this difficult time. I look forward to your favorable response.

Sincerely,

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