

# Financial Hardship Due to Caregiving Responsibilities

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally express my financial hardship due to my ongoing caregiving responsibilities for [Name of the individual being cared for, e.g., a family member, a friend], who requires constant attention due to [brief description of the condition, e.g., illness, disability].

As the primary caregiver, my financial situation has become increasingly challenging. [Describe your financial situation, mentioning loss of income, increased expenses related to caregiving, etc.]. Due to these circumstances, I am currently unable to meet my financial obligations, including [list specific financial obligations, e.g., rent, bills, loans].

I am reaching out to request [specific assistance being sought, e.g., a payment plan, a temporary reduction in payment, or any form of assistance] to help me navigate this difficult period. I am committed to fulfilling my obligations and hope to find a solution that works for both parties.

Thank you for your understanding and consideration of my situation. I look forward to your positive response.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]