

Inquiry on Co-Signer Requirements

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Lender's Name]

[Lender's Address]

[City, State, Zip Code]

Dear [Lender's Name],

I hope this message finds you well. I am writing to inquire about the co-signer requirements for medical loans offered by your institution. I am considering applying for such a loan and would like to understand the following:

- Do you require a co-signer for medical loans?
- If so, what are the specific criteria that a co-signer must meet?
- Are there any advantages or disadvantages to having a co-signer in this context?
- What documentation will be required from the co-signer?

I appreciate your assistance and look forward to your prompt response. Thank you for your time.

Sincerely,

[Your Name]