

Short-Term Deferred Payment Assistance Proposal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to propose a short-term deferred payment assistance plan to address my current financial difficulties.

Due to [briefly explain the reason for financial difficulties, e.g., loss of income, unexpected expenses], I am currently unable to meet my financial obligations as agreed. Therefore, I kindly request your consideration for a temporary deferment of my payments for a period of [insert desired period, e.g., three months], starting from [insert start date].

I propose to resume regular payments on [insert resumption date] and assure you that I am committed to fulfilling my obligations. This assistance would greatly aid me in stabilizing my financial situation during this challenging time.

Thank you for considering my request. I hope for a positive response. Please feel free to contact me at [your phone number] or [your email] if you require further information.

Sincerely,

[Your Name]