

**Date:** [Insert Date]

**To:** [Recipient Name/Organization Name]

**Address:** [Recipient Street Address]

**City, State, Zip:** [City, State, Zip Code]

**Subject: Financial Deficiency Waiver Request and Stipulations**

Dear [Recipient Name or Department],

I am writing to formally request a waiver regarding the financial deficiency identified in my account/application [Account/Application Number]. This request is based on the following stipulations and proposed terms of agreement:

- **Partial Payment:** I agree to pay a lump sum of \$[Amount] by [Date] as a show of good faith toward the total deficiency.
- **Repayment Schedule:** The remaining balance of \$[Amount] shall be paid in monthly installments of \$[Amount] starting on [Start Date].
- **Interest Waiver:** Upon acceptance of this agreement, all accrued interest and late fees totaling \$[Amount] shall be waived.
- **Financial Hardship Documentation:** I have attached the necessary financial statements and proof of hardship to justify this waiver request.
- **Compliance:** I agree to remain in compliance with all other financial obligations and terms set forth in the original agreement.

I understand that this waiver is subject to approval and that failure to meet the stipulations outlined above may result in the immediate reinstatement of the full deficiency amount.

Please confirm your acceptance of these stipulations by signing below or providing a formal approval letter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]

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**Acknowledgment of Acceptance:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: [Authorized Representative Name]