[Date]

[Borrower Name]
[Borrower Address]
[City, State, Zip Code]

Subject: Response to Medical Exigency Loan Forbearance Inquiry

Dear [Borrower Name],

We have received your inquiry regarding loan forbearance due to medical exigency for account number [Account Number].

To determine your qualification for this relief, we require the following documentation to be submitted for review:

- A completed Medical Hardship Application Form (enclosed).
- A signed statement from a licensed healthcare provider confirming the nature of the medical exigency and the expected duration of the condition.
- Proof of current household income (e.g., recent pay stubs or benefit statements).
- Documentation of medical expenses not covered by insurance.

Once we receive these documents, we will evaluate your eligibility to temporarily suspend or reduce your monthly payments. Please note that interest may continue to accrue on your principal balance during the forbearance period.

Please submit the required documentation by [Due Date] via [Submission Method: Mail/Email/Online Portal].

If you have any questions, please contact our Customer Service Department at [Phone Number] between the hours of [Operating Hours].

Sincerely,

[Sender Name]
[Title]
[Company Name]