

[Lender Name]  
[Lender Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

**Subject: Approval of Medical Hardship Forbearance Plan**

Dear [Borrower Name],

We have received and reviewed your request for mortgage assistance regarding your conventional loan, account number ending in [Last 4 Digits of Loan Number]. Based on the documentation provided concerning your medical hardship, we are pleased to inform you that your request for a temporary forbearance has been approved.

**Forbearance Terms:**

- **Forbearance Period:** [Number of Months] months
- **Start Date:** [Start Date]
- **End Date:** [End Date]
- **Suspended/Reduced Payment Amount:** \$[Amount]

During this period, your obligation to make full monthly mortgage payments is temporarily suspended or reduced. Please note that interest will continue to accrue on your unpaid principal balance as per the terms of your original promissory note.

**Reporting and Fees:**

- We will report your account status to credit bureaus in accordance with applicable laws and investor guidelines.
- Late fees will not be assessed during the active forbearance period.

**Next Steps:**

Approximately 30 days before your forbearance period ends, we will contact you to discuss your financial situation. At that time, you will need to determine a repayment plan for the paused payments. Options may include a repayment plan, payment deferral, or loan modification, depending on your eligibility and investor guidelines.

If your medical situation improves sooner than expected, or if you wish to begin making payments before the end of the period, please contact our Loss Mitigation Department at [Phone Number].

Sincerely,

[Name/Department]

[Lender Name]