

[Date]

[Borrower Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Approval of Dependent Care Medical Hardship Forbearance**

Dear [Borrower Name],

We are writing to inform you that your request for a Medical Hardship Forbearance based on dependent care expenses has been approved. We have reviewed your application and the supporting documentation provided regarding your dependent's medical condition.

**Forbearance Details:**

- **Account Number:** [Account Number]
- **Start Date:** [Start Date]
- **End Date:** [End Date]
- **Next Payment Due Date:** [Due Date]

During this period, your obligation to make monthly principal and interest payments is temporarily suspended. Please be advised that interest will continue to accrue on your unpaid principal balance during the forbearance period. Any unpaid interest may be capitalized (added to your principal balance) at the end of the forbearance period, which may increase your total loan balance and monthly payment amount.

If your financial situation improves before the end of this period, you may resume payments at any time. If you require an extension, you must submit a new request along with updated medical documentation at least 30 days before the current expiration date.

If you have any questions regarding this approval or your account, please contact our customer service department at [Phone Number] or visit our website at [Website].

Sincerely,

[Name of Sender/Department]

[Company Name]