

[Date]

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

RE: Notice of Approval for Medical Hardship Mortgage Forbearance

Loan Number: [Insert Loan Number]

Property Address: [Insert Property Address]

Dear [Borrower Name],

We are writing to inform you that your request for mortgage assistance due to medical hardship has been approved. As your loan is government-insured (FHA/VA/USDA), you are eligible for a formal forbearance plan to assist you during this period of reduced income or increased medical expenses.

Forbearance Terms:

- **Forbearance Period:** [Start Date] to [End Date]
- **Reduced Payment Amount:** \$[Amount] (or \$0.00)
- **Next Review Date:** [Date]

Important Information Regarding Your Forbearance:

During this period, we will not assess late fees or report negative payment data to credit bureaus, provided you adhere to the terms of this agreement. Please note that while payments are paused or reduced, interest will continue to accrue on your unpaid principal balance.

Next Steps:

Approximately 30 days before your forbearance period ends, we will contact you to discuss your financial situation. At that time, we will evaluate you for permanent loss mitigation options to resolve the deferred balance, which may include:

- **Loan Modification:** Adjusting the terms of your loan to include the missed payments.
- **Partial Claim / Subordinate Lien:** Placing the deferred amount into a non-interest-bearing lien payable at the end of the mortgage.
- **Repayment Plan:** Adding a portion of the overdue amount to your regular monthly payments.

Please notify us immediately if your medical or financial situation improves before the scheduled end date of this plan.

If you have any questions, please contact our Loss Mitigation Department at [Phone Number] or visit our website at [Website URL].

Sincerely,

[Servicer Name]

[Department Name]

[Contact Phone Number]