

[Date]

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

Re: Account Number: [Account Number]

Approval of Modified Payment Medical Hardship Forbearance

Dear [Borrower Name],

We have reviewed your request for financial assistance due to medical hardship. We are pleased to inform you that your application for a Modified Payment Forbearance has been approved.

Forbearance Terms:

- **Forbearance Period:** [Start Date] to [End Date]
- **Modified Monthly Payment Amount:** \$[Amount]
- **Payment Due Date:** [Day] of each month

Important Information:

While you are in this forbearance period, interest will continue to accrue on your unpaid principal balance. At the end of this period, you will be responsible for the remaining balance. We will contact you 30 days before this period ends to discuss your options, which may include a repayment plan, extension, or loan modification.

Please ensure your modified payments are received by the due date to remain in good standing under this agreement. If your medical or financial situation changes before the end of this period, please contact us immediately.

If you have any questions, please call our Customer Service Department at [Phone Number] or visit our website at [Website URL].

Sincerely,

[Sender Name/Department]
[Company Name]