

Date: [Insert Date]

Subject: Approval of Short-Term Medical Hardship Forbearance

Dear [Borrower Name],

Account Number: [Insert Account Number]

We are writing to inform you that your request for a Short-Term Medical Hardship Forbearance has been approved. We understand that medical situations can create significant financial challenges, and we are granting this temporary relief to assist you during this time.

Forbearance Details:

- **Start Date:** [Insert Start Date]
- **End Date:** [Insert End Date]
- **Forbearance Duration:** [Insert Number of Months]

What This Means for You:

- Your monthly payments are temporarily suspended or reduced to \$[Amount] during the period listed above.
- Interest will continue to accrue on your principal balance during this period.
- 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.
- Late fees will not be assessed while the forbearance is active.

Next Steps:

Your regular payment schedule will resume on [Insert Resume Date]. You will receive a billing statement approximately 20 days before your first payment is due. If your medical hardship continues beyond the end date listed above, please contact us at least 15 days prior to the expiration to discuss further options.

If you have any questions regarding this approval or your account, please contact our Customer Service Department at [Insert Phone Number] or visit our website at [Insert Website].

Sincerely,

[Sender Name/Department]
[Company Name]