

[Date]

[Borrower Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]

**Subject: Approval of Medical Hardship Forbearance**

Dear [Borrower Name],

We are writing to inform you that your request for a Medical Hardship Forbearance regarding your account [Account Number] has been approved. We understand that medical circumstances can create financial challenges, and we are pleased to provide this temporary relief.

**Forbearance Details:**

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

**Important Terms:**

- During this period, your required monthly payments are temporarily suspended or reduced to \$[Amount].
- Interest will continue to accrue on your outstanding principal balance during the forbearance period.
- Any unpaid interest may be added to your principal balance (capitalized) at the end of the forbearance period, which may increase your total loan balance and monthly payment amount.
- You retain the right to make voluntary payments of any amount at any time to reduce interest accrual.

Before your forbearance period expires, we will contact you to discuss repayment options or to determine if you qualify for further assistance. If your financial situation improves before the end date, you may resume regular payments at any time.

If you have any questions, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

Sincerely,

[Name/Department]  
[Company Name]