

[Date]

[Borrower Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Approval of Temporary Disability Medical Hardship Forbearance

Dear [Borrower Name],

We are writing to inform you that your request for a Temporary Disability Medical Hardship Forbearance has been approved for your account: [Account Number].

Based on the medical documentation provided, your forbearance period is scheduled as follows:

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

During this period, your obligation to make monthly payments is temporarily suspended. Please be advised of the following terms:

- 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.
- You may choose to make voluntary interest payments at any time during this period to reduce the overall cost of your loan.

If your medical condition persists beyond the end date listed above, you must submit a request for an extension and updated medical certification at least 30 days prior to the expiration date.

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

Sincerely,

[Sender Name/Department]

[Organization Name]