

[Company Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]  
[Phone Number]

**Date:** [Current Date]

**Borrower Name:** [Borrower Full Name]  
**Account Number:** [Account Number]  
**Property/Service Address:** [Address]

**Subject: APPROVAL OF MEDICAL HARDSHIP FORBEARANCE (TERMINAL ILLNESS)**

Dear [Borrower Name],

We have received and reviewed your request for a Medical Hardship Forbearance regarding your account, along with the supporting medical documentation provided. Please accept our sincerest sympathies during this difficult time.

This letter serves as formal notification that your application for a forbearance based on terminal illness medical hardship has been **approved**.

**Forbearance Terms:**

- **Start Date:** [Start Date]
- **End Date:** [End Date]
- **Forbearance Period:** [Number of Months] months
- **Reduced Payment Amount:** [Amount or \$0.00]

**Important Information Regarding Your Forbearance:**

1. During this period, your obligation to make full monthly payments is temporarily suspended or reduced as noted above.
2. Interest may continue to accrue on your unpaid principal balance during the forbearance period.
3. At the conclusion of this period, we will evaluate your account for a permanent solution, such as a loan modification, extension, or waiver, depending on your specific circumstances and program eligibility.
4. You are not required to pay the deferred amount in a single lump sum immediately when the forbearance ends unless you choose to do so.

We will contact you approximately 30 days before the forbearance period expires to discuss the next steps. However, if your situation changes or if you have any questions, please contact our Hardship Assistance Department directly at [Phone Number].

Sincerely,

[Sender Name/Department]

[Company Name]