

[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 hardship forbearance due to unexpected medical expenses has been approved. We understand that medical situations can create significant financial strain, and we are pleased to offer this temporary relief for your account.

Forbearance Details:

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

Important Terms:

During this forbearance period, your monthly payments will be suspended. Please be aware that interest may continue to accrue on your principal balance during this time. Any unpaid interest may be capitalized (added to your principal balance) at the end of the forbearance period, which could increase your total loan balance and monthly payment amount moving forward.

Next Steps:

You do not need to take any further action at this time. Your account status has been updated automatically. If your financial situation improves before the end of this period, you may choose to resume payments or make partial payments at any time without penalty.

If you have any questions or if your circumstances change, please contact our customer service department at [Phone Number] or via email at [Email Address].

Sincerely,

[Sender Name/Department]
[Company Name]