

[Date]

[Tenant Name]
[Tenant Address]
[Unit Number]

Re: Approval of Early Lease Termination Due to Medical Hardship

Dear [Tenant Name],

We have received your formal request to terminate your lease agreement dated [Lease Start Date] for the property located at [Property Address]. We have also reviewed the medical documentation provided regarding your hardship.

This letter serves as formal notification that your request for early lease termination has been approved. Based on our agreement, your new move-out date and lease expiration date will be [Final Move-out Date].

The following terms apply to this approval:

- **Rent Obligations:** You are responsible for all rent payments and utility charges through [Final Move-out Date].
- **Premises Condition:** The unit must be returned in a clean condition, free of all personal belongings and trash, as per the original lease agreement.
- **Key Return:** All keys, fobs, and parking passes must be returned to the management office by [Time] on [Final Move-out Date].
- **Security Deposit:** Your security deposit will be processed in accordance with state law. A statement of account and any remaining funds will be mailed to your forwarding address within [Number] days of your move-out.

Please provide your forwarding address below:

Forwarding Address: _____

We wish you the best with your health and your future recovery.

Sincerely,

[Landlord/Property Manager Name]
[Company Name]
[Phone Number]