

[Landlord or Management Company Name]
[Address]
[City, State, Zip Code]
[Date]

[Tenant Name]
[Address]
[Unit Number]
[City, State, Zip Code]

RE: Approval of Early Lease Termination - 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.

Based on the circumstances described, we are granting your request for early termination without the standard penalties. Your lease will officially terminate on [Agreed Move-Out Date].

The following terms apply to this approval:

- **Final Rent:** Rent must be paid in full up to and including [Date].
- **Keys:** All keys and access fobs must be returned to the office by [Time] on [Date].
- **Condition of Unit:** The unit must be vacated in clean condition, with all personal belongings removed.
- **Security Deposit:** Your security deposit of \$[Amount] will be handled in accordance with state law. A statement of any deductions for damages beyond normal wear and tear will be provided within [Number] days.

Please contact the office at [Phone Number] to schedule your final move-out inspection.

We wish you the best with your health and your transition to your new residence.

Sincerely,

[Signature]
[Printed Name]
[Title/Position]