

Hardship Letter for Loss of Income

[Your Name]

[Your Address]

[City, State, Zip Code]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

RE: Loss of Income Hardship

Dear [Name of Recipient,]

I am writing to request a settlement for the medical bills I owe your hospital. As you are aware, I was recently involved in a car accident which left me with two broken legs. Unfortunately, this has resulted in a significant loss of income, as I am no longer able to work. While I fully understand that I am responsible for the debts I have incurred, I am asking for your help in resolving this matter. Given my current financial situation, I am unable to pay the bill in full at this time.

However, I am prepared to make monthly payments of [insert amount] until the debt is paid in full. I appreciate your consideration in this matter and look forward to hearing from you soon.

Thank you!

Sincerely,

Signature

[Printed Name]

[List of Enclosures]