Letter of Financial Hardship

First and Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Financial Hardship:

- ☐ Divorce
- ☐ Lay off
- ☐ Medical
- ☐ Disability
- ☐ Personal Injury
- ☐ Pay cut
- ☐ Temporary loss of job
- ☐ Company Slowdown
- ☐ Loss of financial provider
- ☐ Other: _____

I can no longer afford to make my monthly payment because

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Signature *Date*