**Debt Forgiveness Letter**

Name of Consumer: \_\_\_\_\_\_\_\_\_\_\_\_
Address of Consumer: \_\_\_\_\_\_\_\_\_\_\_\_\_
City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Lending Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address of Lending Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RE: Debt forgiveness for credit card account number

Dear Sir/Madam,

I have held Name of Credit Card since 1990, and always made regular payments. Due to physical hardship, I have lost my job and am living on unemployment checks for the past three months. I was a bus driver for Name of School District but broke my leg in a skiing accident, through no fault of my own, and will be laid up for the next six months.

I have included the medical documents and unemployment check records. My salary has been reduced from $40,000 per year to $25,000 per year, and I need to make a monthly $800 payment on my mortgage, or I will lose my home. Because of the drastic change in my financial status, I am asking for help with the balance of $2,000 and late fees I owe on this credit card.

I would like to know if you have a program to assist hardship cases. I need to pay off the balance and close this account. I would be happy to work with you to achieve a resolution that is satisfactory to both of us. I have included all the documentation that relates to my medical bills, current income and previous payment record.

I can be reached at Phone Number or at Email Address if you have any questions. I hope the situation can be resolved soon.

Thank you for your attention to this matter.

Sincerely,

Signature of Consumer
Printed Name of Consumer
List of Enclosures