(Company's representative)
(Company's Name)
(Company's Address)
(Company's phone number)

RE: (Home Address)

Account Number:(#)

Dear (Ms/Mr. Brown:)

I/We, (Your Name),are/am requesting that you review my/our financial state of affairs to see if I/we qualify for a loan workout option.

I/We are having problems making my/our monthly payments because of financial troubles created by (pick one):

Death of my spouse
Divorce
Job layoff
Separation
Medical bills
Too much debt
Unemployment
Death of a family member
Business failure
Loss of income
Job relocation
Illness
Damage to property
Military service
Payment increase
Incarceration

Other (Please Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This difficulty or situation happened on or about this date MM/DD/YYYY.

I/We believe that my/our situation is (circle one) Temporary / Permanent

The following is a brief account of my/our situation: (explain your situation and tell them why you feel you can now afford your new payments/payments)

I/We, (your name), state the information provided above to be true and correct to the best of my/our knowledge.
Borrower’s Signature

Date

Co-Borrower’s Signature

Date