**Sample 2 – 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Subject:  Credit Card Account 5455-9087-3457-0987-2345

To Whom It May Concern:

I have had an XYZ Credit Card since 1985. Recently, I was diagnosed with a health problem that has impaired my ability to work full time. My salary of $50,000 has been reduced to around $25,000, as I can only work part time hours.

I anticipate this reduction in pay and hours will be for at least a year or more. Giving my current financial status, I am asking for help in reducing the late fees and the balance on this credit card.

I would like to reach a settlement on this card so that I can pay off the balance and close the account. Currently, there is about $2,000 owed on this debt. What kind of programs do you have to assist people who are in my position? I have also attached documentation, including my pay stubs, so you may see that I am in a financial pinch.

If you have any questions, please feel free to call me at 740-980-7899. I look forward to working out this situation with XYZ Credit Card in a manner that is satisfactory to both parties.

Sincerely,

Signature of Consumer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Printed Name of Consumer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_