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<Name>

<Address>

<Telephone Number>

<Date>

Dear Mr./Ms <Name>

This letter is about my case #1112-CFT-224C8 furnished at your office on <Date>. I would like to restate my case details so that you are updated about my scenario. I had sent an application for my disability after I was diagnosed with a debilitating medical condition.

My current medical condition has restricted my physical movement and I am also under immense mental stress. With my current health condition, I cannot work for more than two hours every day. It is precisely for this reason my physician recommended complete bed rest for me for an indefinite time period.

It is to bring to your notice that I have failed to work full-time since March 2017 and have been into three contractual jobs since April 2018. As I am currently under medication, I would not be able to work part-time or full-time in the coming months unless my symptoms can be curbed through a medical breakthrough.

In respect to this situation, kindly treat this as my no-income letter. I have attached my diagnostic receipts, copies of my physician's advice, and all bank statements of <period>. These statements exhibit at times low and on other occasions no income at all.

Also, find attached copies of the food stamp and my Mediclaim eligibility notices that also show my income as zero. Kindly confirm whether you need any other details from my side to go ahead with my case. I deeply appreciate the effort and time you have spent into going through this letter,

Regards,

<Signature>

<Applicant Name>

Enclosed::

1. Final paycheck certificate to employee
2. Landlord's proof of residency letter
3. Self-employment income declaration of cook once a week

