

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Department Name]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to apply for the Qualified Medicare Beneficiary (QMB) program. I believe that I meet the eligibility requirements and would greatly benefit from the assistance this program provides.

****Personal Information:****

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Social Security Number: [Your SSN]
- Address: [Your Address]

****Financial Information:****

- Monthly Income: [Your Monthly Income]
- Total Household Size: [Number of People in Household]
- Additional Income Sources: [Any Other Income Sources, if applicable]

I have attached the necessary documentation to support my application, including proof of income, identification, and any other relevant documents.

I appreciate your attention to my application, and I look forward to your prompt response. If you require any additional information, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]