

**Date:** [Date]

**To:** [Seller Name or Real Estate Agent Name]

**Subject:** Physician Loan Pre-Qualification Letter

**Applicant Name:** [Physician Full Name]

**Medical Facility:** [Hospital/University Name]

**Position:** Clinical Fellow

To Whom It May Concern,

This letter serves to confirm that [Physician Full Name] has been pre-qualified for a residential mortgage under our Physician Loan Program. Based on a preliminary review of their credit history, financial documentation, and fellowship employment contract, we have determined the following:

- **Maximum Loan Amount:** \$[Amount]
- **Purchase Price:** \$[Amount]
- **Down Payment:** [Percentage]% (Physician Program Tier)
- **Loan Type:** [Fixed/ARM] Physician Mortgage

As a Clinical Fellow, the applicant qualifies for our specialized medical professional financing, which recognizes future earning potential and allows for the exclusion of student loan debt from the debt-to-income ratio calculations. This pre-qualification is based on the applicant beginning their fellowship on [Start Date] at [Hospital Name].

This letter is not a final loan commitment. Final approval is subject to a formal appraisal of the subject property, a satisfactory title search, and no material change in the applicant's financial position prior to closing.

If you have any questions regarding this pre-qualification or the specific terms of our Physician Loan Program, please contact me directly.

Sincerely,

[Loan Officer Name]

[Title]

[NMLS Number]

[Lending Institution Name]

[Phone Number]

[Email Address]