

**[Lending Institution Name]**

[Street Address]

[City, State, Zip Code]

[Phone Number]

**Date:** [Current Date]

**RE: Mortgage Pre-Qualification Letter**

To Whom It May Concern,

This letter serves to confirm that **[Borrower Name]** has been pre-qualified for a residential mortgage loan through our Physician Loan Program. Based on a preliminary review of credit, income, and employment documentation, the borrower meets the guidelines for the following terms:

- **Loan Amount:** Up to \$[Amount]
- **Property Type:** [Single Family / Condo / Townhome]
- **Loan Program:** Physician/Resident Professional Program

**Special Provisions Regarding Student Debt:**

As part of our Physician Loan Program, we have verified that the borrower's student loans are currently in **deferment or forbearance**. In accordance with our program guidelines, these deferred student loan payments have been excluded from the Debt-to-Income (DTI) ratio calculation, or a modified payment calculation has been applied based on the borrower's status as a medical professional.

**Employment Verification:**

We have reviewed the borrower's [Employment Contract / Offer Letter] for their upcoming position at [Hospital or Employer Name] starting on [Start Date]. This future income has been factored into this pre-qualification.

This letter is not a final loan approval or a commitment to lend. Final approval is subject to a satisfactory appraisal, clear title, and verification of all financial data at the time of the formal loan application.

Sincerely,

[Loan Officer Name]

[NMLS Number]

[Title]

[Email Address]