

[Financial Institution Name]

[Lender Address]

[City, State, Zip Code]

[Phone Number]

Date: [Current Date]

RE: Prequalification for Physician Mortgage Program (Dental Professional)

To Whom It May Concern,

This letter serves to certify that **[Borrower Name]** has been pre-qualified for a mortgage loan through our Physician Loan Program, specifically designed for dental professionals (DDS/DMD).

Based on a preliminary review of credit, income, and employment documentation, the following terms have been approved:

- **Maximum Loan Amount:** \$[Amount]
- **Property Type:** [Single Family / Condo / Townhome]
- **Down Payment:** [Percentage]% (Physician Program Tier)
- **Loan Program:** Physician/Professional Mortgage

Key Program Considerations:

- Student loan debt has been excluded or calculated per special Physician Program guidelines.
- Employment contract for [New Practice/Employer Name] has been verified.
- Standard physician-tier zero/low down payment options apply.

This pre-qualification is subject to a fully executed purchase contract, a satisfactory appraisal of the subject property, and final underwriting approval of all updated financial documentation. This is not a formal commitment to lend.

Please contact me directly at [Phone Number] or [Email Address] if you have any questions regarding this qualification or the specifics of our dental professional lending program.

Sincerely,

[Loan Officer Name]

[NMLS ID Number]

[Title]

[Financial Institution Name]