

**[Lending Institution Name]**  
[Address]  
[City, State, Zip Code]  
[Phone Number]

**Date:** [Current Date]

**RE: MORTGAGE PRE-QUALIFICATION LETTER**

**To Whom It May Concern,**

This letter confirms that **[Physician Name, Degree]** has been pre-qualified for a mortgage loan in the amount of up to **[\$[Loan Amount]** for the purchase of a primary residence. This pre-qualification is specifically based on the guidelines of our Physician Loan Program.

Our review included the following criteria for an Independent Contractor (1099) status:

- Verification of medical degree and active board eligibility/certification.
- Review of current independent contractor agreement(s) and/or guaranteed income contracts.
- Analysis of credit history and current debt-to-income ratio.
- Verification of liquid assets for closing costs and required reserves.

As an Independent Contractor, the applicant's income has been calculated based on **[Contract Terms/Two Years of Tax Returns]**, as per our specialized lending criteria for medical professionals.

This pre-qualification is subject to the following conditions:

1. A fully executed purchase agreement for a property located in [State].
2. A satisfactory appraisal of the subject property.
3. Final underwriting approval and verification of clear title.
4. No material change in the applicant's financial position or employment status prior to closing.

This letter is not a commitment to lend, but rather an estimate of borrowing capacity. This pre-qualification expires on **[Expiration Date]**.

Sincerely,

[Loan Officer Name]  
[Title]  
[NMLS Number]  
[Direct Phone Number]