

**[Lender Name/Company Logo]**

[Lender Address]

[City, State, Zip]

[Phone Number]

[Email Address]

**Date:** [Current Date]

**To:** [Builder Name / Seller Name]

**Subject:** Physician Loan Pre-Qualification for New Construction

Dear [Name of Recipient],

This letter serves to confirm that **[Borrower Name(s)]** has been pre-qualified for a new construction physician mortgage loan for the purchase and construction of a primary residence.

Based on a review of their credit report, financial documentation, and employment contract as a **[Physician/Resident/Fellow]**, the borrower is qualified for the following terms:

- **Maximum Purchase/Construction Price:** \$[Amount]
- **Loan Program:** Physician/Medical Professional Construction-to-Permanent Loan
- **Down Payment:** [Amount/Percentage]%
- **Property Address:** [Address or Lot Number, if known]

This pre-qualification is specifically tailored for a physician loan product, which allows for [e.g., 100% financing / exclusion of student debt from DTI ratios]. This approval includes the construction phase through the permanent mortgage transition.

This letter is not a final loan commitment. Final approval is subject to a satisfactory appraisal of the plans and specifications, a valid construction contract with an approved builder, and no material change in the borrower's financial condition prior to closing.

If you have any questions regarding this pre-qualification or the specific features of our medical professional lending programs, please contact me directly.

Sincerely,

[Loan Officer Name]

[NMLS ID Number]

[Title]