

[Lending Institution Name]

[Street Address]

[City, State, Zip Code]

[Phone Number]

Date: [Date]

TO WHOM IT MAY CONCERN:

Subject: Physician Loan Pre-Qualification Letter

This letter serves to confirm that **[Borrower Name(s)]** has been pre-qualified for a residential mortgage loan through our Physician Home Loan Program. This program is specifically designed for medical professionals and allows for specialized underwriting regarding student loans and employment contracts.

Based on a preliminary review of credit, income, and financial documentation, the borrower is qualified for the following terms:

- **Maximum Purchase Price:** \$[Amount]
- **Loan Type:** Physician / Medical Professional Program
- **Down Payment:** [Percentage]% (\$[Amount])
- **Financing Contingency:** [e.g., 30-Year Fixed / Adjustable Rate]

Qualified Professional Status:

The borrower has verified their status as a [Resident / Fellow / Attending Physician / Dentist] and meets the professional eligibility requirements for this specialty program.

This pre-qualification is subject to the following conditions:

1. Execution of a valid purchase agreement for a property located in [State].
2. A satisfactory property appraisal meeting lender guidelines.
3. A final review of updated financial documentation prior to closing.
4. No material change in the borrower's financial condition or credit score.

This letter is not a final loan approval or a commitment to lend, but rather an indication of creditworthiness based on the information provided to date.

Should you have any questions regarding this pre-qualification or the specifics of our Physician Loan Program, please contact me directly at [Phone Number].

Sincerely,

[Loan Officer Name]

[Title]

[NMLS ID Number]
[Email Address]