

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

[Date]

**RE: Mortgage Pre-Approval - Medical Professional Program**

To Whom It May Concern,

We are pleased to confirm that [**Borrower Name**] has been pre-approved for a mortgage loan under our Medical Professional / Physician Home Loan Program. This program is specifically designed to recognize the unique financial profiles of healthcare professionals.

Based on our preliminary review of the borrower's credit history, income documentation, and employment contract as a [**Job Title/Medical Specialty**], they are qualified for the following terms:

- **Maximum Purchase Price:** \$[Amount]
- **Loan Amount:** \$[Amount]
- **Down Payment:** [Percentage]%
- **Loan Type:** [Fixed/Adjustable] - Medical Professional Program

This pre-approval is based on the following specific criteria allowed under our medical program:

- Exclusion or special treatment of student loan debt in the Debt-to-Income (DTI) calculation.
- Validation of future income via a signed employment contract starting within 90 days of closing.
- Specialized financing with low to zero down payment requirements.

This letter is not a final commitment to lend. Final approval is subject to a satisfactory appraisal of the subject property, verification of clear title, and no material changes in the borrower's financial condition or credit status prior to closing.

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

Sincerely,

[Loan Officer Name]  
[NMLS Number]  
[Title]  
[Lending Institution Name]