

**[Lending Institution Name]**

[Address Line 1]

[City, State, Zip Code]

[Phone Number]

**Date:** [Date]

**To:** [Borrower Name(s)]

**Subject:** Physician Mortgage Pre-Approval Letter

To Whom It May Concern,

We are pleased to inform you that **[Borrower Name]** has been pre-approved for a mortgage loan under our Physician Professional Loan Program. This pre-approval is based on a preliminary review of credit history, income documentation, and employment verification as an Attending Physician at **[Employer Name]**.

**Loan Terms and Conditions:**

- **Maximum Purchase Price:** \$[Amount]
- **Maximum Loan Amount:** \$[Amount]
- **Loan Program:** Physician Mortgage (Zero/Low Down Payment)
- **Property Type:** Single Family Primary Residence

This pre-approval recognizes the borrower's status as a practicing Attending Physician. As per our professional program guidelines, this approval accounts for specific debt-to-income calculations regarding student loans and does not require private mortgage insurance (PMI).

This letter is not a final commitment to lend. Final approval is subject to the following:

1. A fully executed purchase agreement for a qualifying property.
2. A satisfactory real estate appraisal and title report.
3. Verification that there has been no material change in the borrower's financial condition or employment status.

This pre-approval is valid until **[Expiration Date]**.

Sincerely,

[Signature]

**[Loan Officer Name]**

[NMLS Number]

[Email Address]