

Date: [Date]

To: [Borrower Name]

Property Address: [Property Address or TBD]

RE: Pre-Approval for Specialist Physician/Dentist Mortgage Program

Dear [Borrower Name],

We are pleased to inform you that you have been pre-approved for a mortgage loan under our specialized Dentist Mortgage Program. Based on a preliminary review of your credit profile, employment contract, and financial documentation, you meet the eligibility requirements for this professional program.

Loan Terms and Conditions:

- **Maximum Loan Amount:** \$[Amount]
- **Loan Program:** Dentist/Physician Professional Loan
- **Down Payment:** [Percentage]%
- **Interest Rate Type:** [Fixed/Adjustable]
- **Expiration Date:** [Date]

Program Benefits Applied:

- Exclusion of student loan debt from Debt-to-Income (DTI) calculations (as per program guidelines).
- Ability to close using a signed employment contract prior to the start of residency or practice.
- Exemption from Private Mortgage Insurance (PMI).

This pre-approval is subject to a satisfactory appraisal of the subject property, a final review of updated financial documents, and no material change in your financial condition or credit score prior to closing.

Congratulations on this step toward your new home. Please provide this letter to your real estate agent when submitting an offer.

Sincerely,

[Loan Officer Name]

[Title]

[NMLS Number]

[Lending Institution Name]

[Phone Number]