

**[Lending Institution Name]**

[Institution Address]

[City, State, Zip Code]

[Phone Number]

**Date:** [Current Date]

**RE: Physician Loan Pre-Approval Letter**

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

**Property Address:** [TBD or Specific Address]

To Whom It May Concern,

This letter serves as formal notification that **[Physician Name]** has been pre-approved for a mortgage loan through our Physician Loan Program in the amount of **[\$[Loan Amount]**, based on a purchase price of **[\$[Purchase Price]**.

This approval is based on a review of the borrower's credit history, financial documentation, and confirmed status as a medical fellow at **[Hospital/Institution Name]**. Our program specifically acknowledges the borrower's future income based on their signed fellowship contract, dated **[Contract Date]**, with a start date of **[Employment Start Date]**.

**Loan Terms and Conditions:**

- **Loan Type:** Physician Mortgage (Doctor Loan)
- **Down Payment:** [0% / 3% / 5%]
- **Financing:** No Private Mortgage Insurance (PMI) required
- **Expiration:** This pre-approval is valid until [Expiration Date]

Final approval is subject to a satisfactory appraisal of the subject property, clear title, and no material change in the borrower's financial condition prior to closing.

If you have any questions regarding this pre-approval or the specifics of our medical professional lending products, please contact me directly at [Loan Officer Phone Number].

Sincerely,

[Loan Officer Signature]

**[Loan Officer Name]**

[Title]

[NMLS ID Number]