

Date: [Date]

To: [Seller Name / Real Estate Agent Name]

Subject: Mortgage Pre-Approval - Medical Professional Program

To Whom It May Concern,

We are pleased to confirm that [**Applicant Name**] has been pre-approved for a residential mortgage loan through our Specialized Medical Professional Program. This program is specifically designed for practicing physicians, residents, fellows, and other qualified healthcare providers.

Loan Details:

- **Maximum Purchase Price:** \$[Amount]
- **Loan Amount:** \$[Amount]
- **Down Payment:** [Percentage/Amount]
- **Loan Term:** [Years]
- **Property Type:** [Single Family / Condo / Townhome]

Conditions of Pre-Approval:

This approval is based on a comprehensive review of the applicant's credit report, financial statements, and professional employment contract. Specifically, this pre-approval accounts for the unique student loan treatment and deferred compensation structures associated with medical professionals.

Final commitment is subject to the following standard requirements:

- A fully executed purchase agreement.
- A satisfactory property appraisal.
- Final verification of employment and professional licensure.
- No material change in the applicant's financial position or credit profile.

This letter is valid until [Expiration Date].

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

Sincerely,

[Loan Officer Name]

[Title]

[Lending Institution Name]

[NMLS Number]

[Email Address]