

Date: [Date]

[Lending Institution Name]

[Address]

[City, State, Zip Code]

RE: Mortgage Pre-Approval - Medical Professional Program

To Whom It May Concern,

This letter serves to confirm that **[Applicant Name]** has been pre-approved for a residential mortgage loan through our Medical Professional/Physician Loan Program.

Our review of the applicant's credit profile and professional credentials indicates they qualify for the following terms:

- **Pre-Approval Amount:** Up to \$[Amount]
- **Loan Program:** [e.g., Physician/Doctor Mortgage]
- **Down Payment:** [e.g., 0% or Amount]

We have specifically accounted for the applicant's status as a newly graduated Medical Doctor. Per our program guidelines, we have reviewed and accepted the following documentation:

- Signed Residency or Employment Contract starting on [Start Date].
- Proof of Medical Degree or upcoming graduation date.
- Special consideration of student loan debt in accordance with physician-specific debt-to-income calculations.

This pre-approval is subject to a formal purchase agreement, a satisfactory appraisal of the subject property, and no material change in the applicant's financial condition or credit standing prior to closing.

Please feel free to contact me directly at [Phone Number] or [Email] if you have any questions regarding this pre-approval.

Sincerely,

[Loan Officer Name]

[Title]

[NMLS Number]