

Date: [Date]

To: [Seller Name / Real Estate Agent Name]

RE: Mortgage Pre-Approval for Practicing Physician

Dear [Name],

This letter serves to confirm that **[Borrower Name(s)]** has been pre-approved for a mortgage loan through our Physician Loan Program. As a practicing physician, the borrower meets the specific professional requirements for this specialized financing.

Loan Details:

- **Pre-Approval Amount:** up to \$[Amount]
- **Loan Type:** Physician Mortgage Loan (Doctor Loan)
- **Down Payment:** [Percentage]%
- **Property Type:** Single Family Residence / [Other]

Conditions of Pre-Approval:

This approval is based on a comprehensive review of the borrower's credit report, verified income as a practicing physician, and existing assets. Final commitment is subject to the following:

- A fully executed purchase agreement for the property located at [Property Address].
- A satisfactory property appraisal.
- A valid title insurance commitment.
- No material change in the borrower's financial position or employment status.

Our Physician Loan Program recognizes the unique financial profile of medical professionals, including the exclusion of student loan debt from certain debt-to-income calculations. We are prepared to move toward a timely closing once a contract is accepted.

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

Sincerely,

[Loan Officer Name]

[NMLS Number]

[Lending Institution Name]