

Date: [Date]

To: [Borrower Name]

Address: [Borrower Address]

Subject: Mortgage Pre-Approval Letter (Physician/Medical Professional Program)

Dear [Borrower Name],

We are pleased to inform you that [Lending Institution Name] has pre-approved you for a mortgage loan under our Physician Home Loan Program. This determination is based on a preliminary review of your credit report, income documentation, and employment contract.

Pre-Approval Terms:

- **Maximum Loan Amount:** \$[Amount]
- **Purchase Price:** \$[Amount]
- **Down Payment:** [Percentage]% (\$[Amount])
- **Loan Program:** Physician/Doctor Loan (No PMI)
- **Interest Rate:** [Rate]% (Subject to market fluctuations)
- **Loan Term:** [Number] Years

Conditions of Pre-Approval:

- Subject to a fully executed purchase agreement for a qualifying property.
- Verification of a signed employment contract or current paystubs.
- Final underwriting approval and satisfactory property appraisal.
- No material changes to your financial status or credit score prior to closing.

This letter is valid until [Expiration Date]. We look forward to assisting you with your home purchase.

Sincerely,

[Loan Officer Name]

[Title]

[NMLS Number]

[Phone Number]

[Email Address]