

**[Lending Institution Name]**

[Street Address]

[City, State, Zip Code]

[Phone Number]

[Date]

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

To Whom It May Concern,

This letter serves as formal pre-approval for **[Borrower Name(s)]** for the purchase of a primary residence under our Physician Mortgage Loan Program. Based on a preliminary review of credit, income, and professional credentials, the borrower(s) is/are qualified for the following terms:

- **Maximum Purchase Price:** \$[Amount]
- **Loan Amount:** \$[Amount]
- **Downpayment:** 0% (Zero Downpayment)
- **Loan Type:** Physician Mortgage / Medical Professional Program
- **Property Type:** Single Family Primary Residence

**Program Specifics:**

This pre-approval is specifically designed for medical professionals. As part of this program, the borrower is eligible for 100% financing (zero downpayment) and is exempt from Private Mortgage Insurance (PMI). We have verified the borrower's status as a [Resident / Fellow / Attending Physician / Other Title] and have factored in student loan debt calculations specific to medical professional guidelines.

**Conditions:**

This pre-approval is subject to the following standard conditions:

- A fully executed purchase agreement.
- A satisfactory appraisal of the subject property.
- Final verification of employment and credit prior to closing.
- Clear title and adequate homeowner's insurance.

This letter remains valid until [Expiration Date]. We are prepared to move toward a timely closing once a property is identified.

Sincerely,

[Loan Officer Name]

[NMLS Number]

[Direct Phone Number]

[Email Address]