

Change in Circumstances Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Lender's Name]

[Lender's Address]

[City, State, Zip Code]

Dear [Lender's Name],

I am writing to formally inform you of a change in circumstances regarding my physician's loan application submitted on [Insert Application Date]. Due to [briefly describe the change in circumstances, e.g., a change in employment, an increase in income, etc.], my financial status and ability to meet the loan requirements have been affected.

Specifically, [provide details on how the change impacts your application, e.g., "I have accepted a position at a new healthcare facility which offers a higher salary," or "I have incurred additional expenses due to unforeseen medical bills"].

I believe this change will positively influence my loan eligibility, and I am happy to provide any necessary documentation to support this update.

Thank you for your attention to this matter. I look forward to your response and hope we can discuss how this may impact my application.

Sincerely,

[Your Name]