

**DEPARTMENT OF BUSINESS AND INDUSTRY
NEVADA REAL ESTATE DIVISION**

3300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102 * P: (702) 486-4033 * F: (702) 486-4275
e-mail: realest@red.nv.gov * <http://red.nv.gov/>

CONFIDENTIAL FINANCIAL STATEMENT

1. BROKER APPLICANT INFORMATION

Name: _____ Fax: _____
 *Nevada license number: _____ Contact phone: _____
 *Social Security number: _____ Email address: _____
 *License number **OR** Social Security number required.

2. COMPANY INFORMATION:

Company name: _____
 Location address: _____ Company phone: _____
 _____ Company email: _____
 _____ Company fax: _____

3. MONTHLY COSTS OF MAINTAINING THE NEVADA REAL ESTATE OFFICE:

Rent/Lease/Mortgage	\$ _____	OTHER COSTS PLEASE LIST BELOW:	
Telephone/Cell phone	\$ _____	\$ _____	_____
Utilities (gas, electric, disposal, etc.)	\$ _____	\$ _____	_____
Payroll	\$ _____	\$ _____	_____
Office (equipment, supplies, rentals, etc)	\$ _____	\$ _____	_____
Advertisement	\$ _____	\$ _____	_____
TOTAL	\$ _____	TOTAL	\$ _____

Monthly Expense TOTAL \$ _____

NOTE: Submit the last three months bank statements.

4. LIQUID ASSETS: BANK INFORMATION

CHECK ONE BOX: PERSONAL OR OTHER ACCOUNT TYPE GUARANTEE (Complete affidavit on pg. 2)

Name on bank account	Account number	Current Balance	Account type

TOTAL _____

5. APPLICANT SIGNATURE:

I, by signing this application, authorize any person or institution to which reference is made by me in connection with the application, to release or divulge to the Real Estate Division or its representative any information in the possession of such person or institution regarding me. I hereby approve and grant permission to the Real Estate Division to investigate my credit background for the purpose of issuance of a Nevada Real Estate Broker license.

Signature of broker applicant: _____ **Date:** _____

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AUTHORIZED SIGNATURE OF BANK ACCOUNT: SIGNER AFFIDAVIT

Name of applicant/Broker: _____ License number (if applicable): _____

Company name on bank account/statements: _____

Account number: _____

Current balance: \$_____ as of date: _____

By signing this affidavit, I hereby authorize the submission and use of the enclosed bank account information for the payment of (company name): _____'s debts and expenses.

Account signer or authorized officer: _____ (print your name)

Title of account signer or authorized officer: _____

Account signer or authorized officer: X_____ (sign your name)

Date: _____