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/

CON	TIDENTIAL FINA	INCIAL STATEMENT	
1. BROKER APPLICANT INFO	RMATION		
Name:		Fax:	
*Nevada license number:		Contact phone:	
*Social Security number:		Email address:	
*License number OR Social Security numb	per required.		
2. COMPANY INFORMATION:			
Company name:			
Location address:		Company phone:	
		Company email:	
		Company fax:	
		ADA REAL ESTATE OFFICE:	
Rent/Lease/Mortgage	\$	OTHER COSTS PLEASE LI	ST BELOW:
Telephone/Cell phone	\$	\$	
Utilities (gas, electric, disposal, etc.)	\$	\$	
Payroll	\$	\$	
Office (equipment, supplies, rentals, etc)	\$	\$	
Advertisement	\$	\$	
TOTAL	<i>\$</i>	TOTAL \$	
	-	Monthly Expense TOTAL \$	
4. LIQUID ASSETS: BANK INFO			
CHECK ONE BOX: ☐ PERSONAL Name on bank account		R ACCOUNT TYPE GUARANTEE	
Name on bank account	Account number	Current Balance	Account type
		TOTAL	
5 ADDITION SIGNATURE.			
5. <u>APPLICANT SIGNATURE:</u> I, by signing this application, authorize	any nerson or instituti	on to which reference is made by n	ne in connection with the
application, to release or divulge to the	Real Estate Division of	or its representative any information	in the possession of such
person or institution regarding me. I he			
credit background for the purpose of issuance of a Nevada Real Estate Broker license.			
Signature of broker applicant:		D	Date: