

**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: _____	Company phone: _____
Location address: _____	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: _____