



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

788 Fairview Drive, Suite 200 \* Carson City, NV 89701-5453 \* (775) 687-4280  
2501 East Sahara Avenue, Suite 102 \* Las Vegas, NV 89104-4137 \* (702) 486-4033  
e-mail: realest@red.state.nv.us http://www.red.state.nv.us

**CONFIDENTIAL FINANCIAL STATEMENT**

Name _____	Social Security # _____
Address _____	Business Ph _____
Occupation _____	Residence Ph _____
Employer's Address _____	Employer _____
Spouse's Name _____	Social Security # _____
Address _____	Business Ph _____
Occupation _____	Residence Ph _____
Employer's Address _____	Employer _____

**ASSETS**

*ALL LIQUID ASSETS MUST BE ACCOMPANIED BY VERIFICATION*

Cash (other than amounts shown in banks) \$ _____	Automobiles \$ _____	
Cash in Banks (Schedule 1) \$ _____	Other investments (Schedule 3) \$ _____	
Accounts Receivable (Schedule 2) \$ _____	Personal Property \$ _____	
Notes Receivable (Schedule 2) \$ _____	Net Worth of any Business Owned _____	
Stocks and Bonds (Schedule 3) \$ _____	(Please include financial statement) \$ _____	
Real Estate (Schedule 4) \$ _____	Other Assets \$ _____	
<b>Sub Total</b> \$ _____	<b>Sub Total</b> \$ _____	
	<b>Total</b> \$ _____	

**LIABILITIES**

Notes Payable to Others (Schedule 7) \$ _____	Loans Against Life Insurance (Schedule 6) \$ _____	
Installment Loans Payable (Schedule 7) \$ _____	Other Liabilities \$ _____	
Accounts Payable \$ _____	Liens on Real Estate (Schedule 5) \$ _____	
Taxes Payable \$ _____	Long Term Debts \$ _____	
<b>Sub Total</b> \$ _____	<b>Sub Total</b> \$ _____	
	<b>Total</b> \$ _____	
	<b>Net Worth</b> \$ _____	
Salary \$ _____	Taxes & Assessments \$ _____	
Spouse's Salary \$ _____	Income Taxes \$ _____	
Dividends \$ _____	Child Support/Alimony \$ _____	
Interest \$ _____	Mortgage Payments \$ _____	
Commissions \$ _____	Contract Payments \$ _____	
Rentals \$ _____	Insurance \$ _____	
Other \$ _____	Other \$ _____	
<b>Total</b> \$ _____	<b>Total</b> \$ _____	

## SCHEDULES

### Schedule 1 Cash in Banks & Savings and Loan & Checking Accounts\*\*

Bank Name	90 Day Avg Balance	Account #	Balance
<b>Total</b>			<b>\$</b>

\*\* For each account, submit a verified statement letter from each banking institution, to include Name of Account, Current Balance, Account Number, Length and Specific Dates of Account. The accounts must have been open and on deposit for a minimum of ninety (90) days prior to the date of application. This financial statement cannot be approved without verification letters. NAC 645.150(2).

### Schedule 2 Receivables

Name of Debtor	Collateral	Payments	Maturity Date	Unpaid Balance
<b>Total</b>				<b>\$</b>

### Schedule 3 Stocks and Bonds

# of Shares	Description	Amount Carried on My Books	Present Market Value
<b>Total</b>			<b>\$</b>

### Schedule 4. Real Estate (If additional space is necessary, attach separate sheet)

Address or Legal Description	Type of Property	Monthly Income	Original Cost	Estimated Present Value
<b>Total</b>				<b>\$</b>

### Schedule 5. Mortgages of liens on Real Estate

Name of Creditor	Payments	Unpaid Balance
<b>Total</b>		<b>\$</b>

### Schedule 6. Costs of Maintaining Office

Rent		Utilities	
Telephone		Clerical Help	
Other (Describe)			
<b>Sub Total</b>		<b>Sub Total</b>	
<b>Total</b>		<b>\$</b>	

### Schedule 7. Notes Payable to Others

Name of Creditor	Address	Payments	Collateral	Unpaid Balance
<b>Total</b>				<b>\$</b>

I, by signing and filing 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 any investigation on my credit background.

Signature \_\_\_\_\_ Date \_\_\_\_\_