

Real Records: 2026 Program Intake & Financial Eligibility

IMPORTANT NOTICE

Real Records is a 501(c)(3) non-profit organization. We are **NOT** lawyers and we do not provide legal advice. Our services are limited to administrative assistance with the record-sealing process. If you require legal representation or legal advice regarding your specific case, you should consult with a licensed attorney.

PART 1: APPLICANT INFORMATION

- Full Name: _____
- Phone Number: _____ Email: _____
- Current Address: _____
- City/Zip Code: _____

PART 2: SERVICE ELIGIBILITY (The "Justice Gap")

Real Records provides assistance to individuals who face barriers to employment and housing. To ensure our resources reach those who cannot afford private legal counsel, we serve households that fall within **150% of the 2026 Federal Poverty Guidelines**.

Please circle your household size and check the box that applies:

Household Size	150% Poverty Limit (Annual)	My Income is BELOW this
1 Person	\$23,940	<input type="checkbox"/> Yes
2 Persons	\$32,460	<input type="checkbox"/> Yes
3 Persons	\$40,980	<input type="checkbox"/> Yes
4 Persons	\$49,500	<input type="checkbox"/> Yes
5 Persons	\$58,020	<input type="checkbox"/> Yes

6 Persons	\$66,540	<input type="checkbox"/> Yes
Each Add'l	+ \$8,520	<input type="checkbox"/> Yes

PART 3: ACKNOWLEDGMENT & ATTESTATION

By signing below, I acknowledge and certify the following:

1. **No Attorney-Client Relationship:** I understand that Real Records is not a law firm, and my use of their services does not create an attorney-client relationship.
2. **Financial Hardship:** I certify that I do not have the financial resources to pay market rates for a private attorney (typically \$1,500–\$3,500+).
3. **Accuracy:** I certify that the household income checked above is true and accurate. I understand that Real Records may request proof of income (pay stubs or tax returns).
4. **Referral Acknowledgment:** I understand that if my income exceeds these limits, I may be referred to the Nevada State Bar’s Lawyer Referral Service.

Applicant Signature: _____ **Date:** _____