

THE VISTAS HOMEOWNERS ASSOCIATION
1281 Terminal Way, #124
Reno, NV 89502

MILITARY STATUS VERIFICATION FORM

ATTENTION UNIT OWNER (OR UNIT'S OWNER SUCCESSOR IN INTEREST):

Pursuant to Nevada Senate Bill 33 (SB 33), *if you are a servicemember or a dependent of a servicemember*, you may be entitled to certain protections pursuant to SB 33 regarding the foreclosure of a lien for unpaid assessments. This Form is being provided to afford you an opportunity to provide any information required to enable the Association to verify whether you are entitled to the protections of SB 33.

Please take a moment to review and complete this form if you are a servicemember or a dependent of a servicemember. Please return this form to the Association at the address listed above, *along with your Military ID Number or any other information you wish to provide to verify whether you are entitled to the protections of SB 33. If we are unable to verify, you may be required to present the original Common Access Card or Uniformed Services ID Card to our office. DO NOT MAKE A COPY.*

The Association is required to verify whether a unit owner is a servicemember or dependent entitled to protections under SB 33 and must make reasonable efforts to utilize all resources available, including conducting an online search which is an actual cost to the Association. *If you are NOT a servicemember or dependent of a servicemember and do not wish to be assessed a charge for the Association to conduct a mandatory search before proceeding with the collection process, please mark below indicating you are neither a servicemember nor a dependent.*

PLEASE PRINT:

CHECK ONE THAT APPLIES: SERVICEMEMBER _____ DEPENDENT * _____ NEITHER _____

FULL NAME _____ DATE OF BIRTH _____

TELEPHONE NUMBER _____ UNIT ADDRESS _____

MAILING ADDRESS _____ BRANCH OF MILITARY _____

MILITARY ID NUMBER _____ DATE ENTERED INTO SERVICE _____

DATE SERVICE ENDED (If applicable) _____

DATE OF DEPLOYMENT (If applicable) _____ DATE RETIRED (If applicable) _____

I certify under penalty of perjury that the information provided herein is accurate and truthful.

Unit's Owner Signature

Date

* If you are a dependent of a servicemember, you may be entitled to the protections of SB 33 upon application to a court of competent jurisdiction if your ability to make payments required by the Association's lien for assessments is materially affected by the servicemember's active duty or deployment. If you are seeking the protections of SB 33, please provide the required court determination.

----- (For Association Use Only, Do Not Write Below This Line) -----

VERIFICATION:

_____ Servicemember Active Duty or Deployment

_____ Dependent

_____ Court determination of ability to make payments

_____ Association Representative

_____ Date