

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