

**NEVADA SERVICEMEMBERS CIVIL RELIEF ACT ELIGIBILITY VERIFICATION  
AND NEVADA CIVIL RELIEF ACT: FEDERAL, TRIBAL AND STATE WORKERS**

The Vistas Homeowners Association  
1281 Terminal Way #124 Reno, NV 89502

Unit Owner's Name: \_\_\_\_\_  
Unit Address: \_\_\_\_\_  
Mailing Address, if Different: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Nevada Servicemembers Civil Relief Act ("NSCRA")

Servicemember's Name: \_\_\_\_\_  
Servicemember's Date of Birth: \_\_\_\_\_

I am eligible for protection under the NSCRA because I am:

- A servicemember currently on active duty or deployment or in the period of one year immediately following the end of such active duty or deployment;
- A dependent of such a servicemember. If I am a dependent, I am the:
  - Spouse;  Child, as defined in 38 USC 101(4);
  - Individual for whom the servicemember provided more than one-half my support in the 180 days immediately preceding the application for relief.

I attest by my signature below that I, as the servicemember, am providing my own personal identifying information in order to avail myself and/or my dependents of the protections of the NSCRA or, if I am the dependent of the servicemember, that the servicemember has authorized me to provide the servicemember's personal identifying information for this purpose.

I further agree that (1) upon request, I will provide additional information to the Association which may be required to verify entitlement to protections under the NSCRA; (2) the Association will use this information to verify eligibility both initially and periodically thereafter; and (3) when my or my dependents eligibility for NSCRA protections expires, I will notify the Association within fourteen (14) days.

Nevada Civil Relief Act: Federal, State and Tribal Workers/Contractors and Landlords ("NCRA")

Employee's Name: \_\_\_\_\_  
Employee's Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Employer's Phone Number: \_\_\_\_\_

I am eligible for protection under the Nevada Civil Relief Act because I am:

- A federal worker/contractor  A tribal worker/contractor  A state worker/contractor
- A household member (i.e. a person related by blood, marriage, adoption or other legal process and currently residing with the federal, tribal or state worker/contractor)
- A landlord of a federal, tribal or state worker or contractor

I attest by my signature below that I am a federal, tribal or state worker/contractor, a household member or a landlord of such worker. I further agree that, upon request, I will provide additional information to the Association which may be required to verify: (1) the employment of the federal, tribal or state worker/contractor, and (2) eligibility for the protections afforded to such persons in Nevada. The Association may use this information to verify eligibility. When my eligibility expires, I will notify the Association within fifteen (15) days.

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

Printed Name: \_\_\_\_\_