

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

The Vistas Homeowners Association
1380 Greg Street, #207
Sparks, NV 89431

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: _____