CICCH Forms: Understanding and Utilizing Division Documentation



Agenda

Instruction Forms **Registration Forms Complaints Forms Education Forms**

- Introduction & Icebreaker
- Conclusion and Q&A

Before we begin, you are reminded that, as training officers, we are here to provide general information and education on NRS/NAC 116, 116A & 116B, and NAC 38. We do not provide legal advice, interpret the law, or give opinions on individual circumstances. Our goal is to is to help you learn, understand, and apply the relevant statutes, regulations, and your community's CC&Rs. We want to equip you with the knowledge and tools necessary to effectively manage and live within your common-interest communities. We will have dedicated time for questions and answers towards the end of the class. Please note that the Q&A session is intended to clarify the material covered today and not to address specific issues you might be facing. Feel free to jot down any questions regarding the class that you may have as we go along, and we will address them during the Q&A period. Thank you.



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For online live classes: please ensure your Webex display name is the name you want on your certificate of attendance.





Learning Objectives:

By the end of the course, attendees will:

- 1. Learn the relevant forms for CIC registration, education, and complaints.
- 2. Identify the Division requirements and timeframes for filing the appropriate forms.
- 3. Understand the NRS 116 requirements related to CIC Forms.
- 4. Explore where to find the Division forms.
- 5. Learn where to find more information on how to fill out Division forms.





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- NRS 116 contains several provisions of law that specify timeframes for delivering forms to the Division and various notices to unit owners.
- The focus of this class is on the requirements and timeframes concerning. the most frequently used Division forms and notice provisions.
- The full content of each provision is not covered. Should you have questions above and beyond the timeframes for delivery, it is highly recommended that you review the complete language of the law and attend additional training.







Have you ever had to fill out an NRED form related to HOAs?

If so, which one?

Form links:







https://red.nv.gov/Content/Forms/All/



Before You Purchase Property In a Common-Interest Community Did You Know (Form 584)

- This is an FAQ form for individuals purchasing a home in a CIC. It includes, but is not limited to information about:
 - The right to cancel
 - Property use restrictions
 - Risk of foreclosure
 - Disclosure obligations
 - Homeowner rights





STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY REAL ESTATE DIVISION

3300 W. Sahara Ave., Suite 325 * Las Vegas, Nevada 89102 (702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520 E-mail: <u>CICOmbudsman≅red.nv.gov</u> <u>http://red.nv.gov</u>

BEFORE YOU PURCHASE PROPERTY IN A COMMON-INTEREST COMMUNITY DID YOU KNOW...

1. YOU GENERALLY HAVE 5 DAYS TO CANCEL THE PURCHASE AGREEMENT?

When you enter into a purchase agreement to buy a home or unit in a common-interest community, in most cases you should receive either a public offering statement, if you are the original purchaser of the home or unit, or a resale package, if you are not the original purchaser. The law generally provides for a 5-day period in which you have the right to cancel the purchase agreement. The 5-day period begins on different starting dates, depending on whether you receive a public offering statement or a resale package. Upon receiving a public offering statement or a resale package, you are informed of the deadline for exercising your right to cancel. In order to exercise your right to cancel, the law generally requires that you hand deliver the notice of cancellation to the seller within the 5-day period, or mail the notice of cancellation to the seller by prepaid United States mail within the 5-day period. Alternatively, if you are not the original purchaser and received a resale package, you may deliver the notice of cancellation by electronic transmission to the seller within the 5-day period in order to exercise your right to cancel. For more information regarding your right to cancel, see Nevada Revised Statutes 116.4108, if you received a public offering statement, or Nevada Revised Statutes 116.4109, if you received a resale package.

2. YOU ARE AGREEING TO RESTRICTIONS ON HOW YOU CAN USE YOUR PROPERTY?

These restrictions are contained in a document known as the Declaration of Covenants, Conditions and Restrictions. The CC&Rs become a part of the title to your property. They bind you and every future owner of the property whether or not you have read them or had them explained to you. The CC&Rs, together with other "governing documents" (such as association bylaws and rules and regulations), are intended to preserve the character and value of properties in the community, but may also restrict what you can do to improve or change your property and limit how you use and enjoy your property. By purchasing a property encumbered by CC&Rs,

Before You Purchase Property In a Condominium Hotel Did You Know (Form 584A)

- This is an FAQ form for individuals purchasing a home in a Condominium Hotel.
 - This form is nearly identical to Form 584, with the exception of a section covering condominium hotels.
 - Refer to NRS 116B for more information.



3300 W. Sahara Ave., Suite 325 * Las Vegas, Nevada 89102 (702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520 E-mail: <u>CICOmbudsman@red.nv.gov</u> <u>http://red.nv.gov</u>

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Residential Common Interest Alternative Dispute Resolution (ADR) Overview (Form 523)

- This is an overview form for the Alternative Dispute Resolution (ADR) process.
 - The form is purely informational and should not be filled out.
 - Please read Form 523 in its entirety prior to submitting an ADR claim.



STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS 3300 West Sahara Avenue, Suite 325 * Las Vegas, NV 89102 (702) 486-4480 * Toll free: (877) 829-990* Fax: (702) 486-4520 E-mail: Clcombudsmaxired.nv.gov http://www.red.nv.gov

ALTERNATIVE DISPUTE RESOLUTION (ADR) PROCESS OVERVIEW Please read the entire overview before submitting Claim Form (#520) or Respondent Form (#521).

The ADR process is required under Nevada Revised Statutes (NRS) 38.300 to 38.360, before parties may file a civil action in court. The ADR process is available to all unit owners even if they have no intention of filing civil action in court. The regulations for NRS 38 are found in the Nevada Administrative Code (NAC) 38. Parties with a dispute involving the governing documents of their common-interest community must either participate in the Division's referee program or mediation prior to going to court. Aside from a \$50 filing fee, the referee program is a free service offered by the Division to the extent funding is available. Parties to a referee proceeding must agree to participate.

If the referee program is not agreed to by both parties, the dispute will be mediated. If the dispute is not resolved by mediation, parties that initially participated in mediation may agree to have the issue arbitrated or they may proceed to civil court. Arbitration may be binding or non-binding. If the referee program is utilized, the referee will issue a decision. The referee's decision is enforceable if the decision is confirmed by a court.

Please be advised, pursuant to Nevada Administrative Code (NAC) 116.630, by filing an ADR claim, the Division will not move forward with investigating an intervention affidavit filed based on the same or similar issues.

MATTERS SUBJECT TO ADR

NRS 38.310 provides that the following matters must go through the ADR process:

- The interpretation, application or enforcement of any covenants, conditions or restrictions (CC&R's) or any other governing documents applicable to residential property; or
- The procedure used for increasing, decreasing or imposing additional assessments upon residential property.

Claims for injunctive relief where there is an immediate threat of irreparable harm and actions relating to the title of residential property are not required to participate in the ADR process and can proceed directly to court. ADR does not apply to civil disputes between owners, or between owners and their association that do not involve the governing documents or the process used to set the amount of the periodic assessments paid by unit's owners. For example, if an owner cuts down a neighbor's tree, the dispute does not involve the governing documents or assessment issues and is, therefore, not subject to ADR.

If a civil action is filed between a homeowner and an association concerning governing documents or an assessment dispute before the ADR process has been completed, the court may dismiss that case without taking any action. Any applicable statute of limitations that has not expired before filing an ADR claim is suspended until the conclusion of the ADR process.

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ADR PROGRAMS

THE REFEREE PROGRAM - The referee program is a free program dministered by the Real Estate Division to the extent funds are available. Referee re licensed attorneys approved by the Division to hear disputes. The refere ssigned to a claim will schedule a hearing for the parties to present their evidence he referee will ask the parties to provide documentation, if any, to support thei ositions. Documents must be provided no less than 5 days before the hearing or a equested by the referee. All documents must be sent directly to the referee an imultaneously mailed to the opposing party. Do not send documents to th Division. At the hearing, parties may present evidence, including withou imitation, witness testimony. The referee governs the procedures used during th learing, including what evidence may be considered. The referee may as uestions of the parties and the witnesses.

The parties may agree to waive the hearing and elect instead to submit writte tatements describing the issue and their positions. The referee will review th laim, the response and the supporting documentation, including the association overning documents. He/she will then issue a written decision. The referee' lecision will be provided to the parties and the Division within 30 days of th learing or 30 days after the referee receives all documents from the parties. After eceiving the referee's decision, the parties have 60 days to file a claim with th ppropriate court. If neither party files a claim, the referee's decision can b onfirmed in court by either party within one year. Confirmation makes th lecision an order of the court and is binding on both parties. If a monetary awar s granted, it may not exceed \$7,500 and may not include attorneys' fees and costs Note that claims involving multiple parties cannot participate in the refere orogram.

MEDIATION – If the disputing parties do not agree to participate in the refere rogram, they must go through mediation prior to court. Mediators are certifie nd approved by the Division to mediate disputes. The parties meet with nediator for up to 3 hours or longer if agreed to by the parties. The mediato romotes reconciliation, agreement, and compromise. If mediation is successful he parties sign a written agreement, which becomes enforceable between th arties. A copy of the mediation agreement is provided to both parties. Th Division does not receive a copy. If the mediation is unsuccessful the parties ma proceed to court, agree to arbitration or apply to the referee program.

- o Mediation of a claim must be conducted in accordance with the provision 38.300 to 38.360 inclusive. The mediation must be concluded within 60 d date the claim is filed with the Division, unless the parties agree othe complete the process in 60 days, claimants must serve the respondent a possible since the respondent has 30 days to answer the claim. The med contact the parties to schedule a date for the mediation.
- o The mediation may be held at the mediator's office, or other suitable loca disputing parties must submit a statement to the mediator no later than fiv before the mediation. The statement must describe the issues and a Page 2 of 6

MEDIATION SUBSIDY (NAC 116.520): Mediat per hour, up to \$500.00 per claim. The Mediation \$250.00 per party, not to exceed \$500 per mediatic Subsidy Application for Mediation (#668) at the (#520) or a Response Form (#521) with the Divisio subsidy once during each fiscal year of the Stat association may receive one subsidy each fiscal year for each unit owned by that unit owner. Associations the Secretary of State and the Office of the Ombudsi subsidy must file the claim for mediation within 1 ye violation. The State's fiscal year is from July 1 th questions about your eligibility, please contact the AD

SUBMITTING A CLAIM FOR MEDIATION OI

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compromise to the dispute. The mediator will not share that information with the opposing party. Any documents provided to the mediator are confidential and need not be provided to the Division. Supporting documentation should not be provided with the Claim Form (#520) or the Respondent Form (#521).

o If the parties agree to a resolution of the claim will be drafted by the mediator and signed by The settlement agreement is binding on the pa

o If the parties do not agree to a resolution of the the appropriate court stating that they have co 38,300, et seq. If the parties so desire, they referee program through the Division after an

 Arbitration – After participating in mediation, the participating in mediation. arbitrated. Arbitrator fees are limited to \$300 per hou maximum allowable billing for arbitration. The Divisi arbitration. Both parties must agree to arbitration and Arbitration Claimant and Respondent Form (#532). 1 sign the joint form (#532), the Division will not proce NRS 38.330 (2). Once submitted, the Division will as

FEES DUE TO THE MEDIATOR

 Mediators may charge up to \$167 per hour, not to e The parties to the mediation may agree to extend the hour. Mediators may require a deposit from both pa side pays half of the total amount. Mediators will reexceeds the allowable rate. Any outstanding amount within 10 days from the date of the mediation.

 Arbitrators may not bill more than \$300 per hour; h of allowable hours. Arbitrators may require a deposit

 Fill out Claim Form (#520) completely. This fo http://red.nv.gov/. The person making the claim is Page 3 of 6

entity with whom you have a dispute is the "Respondent." If there are additional Respondents, list them on the Additional Respondent Form (#520B). Provide a brief statement of the facts giving rise to the dispute and the relevant provisions of the governing documents at issue. Unless the parties agree to use the referee program, mediation is the required form of resolution before proceeding to court. The Real Estate Division's referee program may be utilized if both parties agree and the claim does not involve multiple parties. The claim form allows you to select either mediation or the referee program. If the Claimant selects the referee program but the Respondent does not agree, the claim will proceed to mediation. You are required to file the original and two (2) copies of the Claim Form (#520 and 520B, if applicable). Lastly, a \$50.00 filing fee payable to "NRED" either by check, money order or cash. Do not send cash in the mail. This fee is not refundable.

- · Mediation Subsidy. If the claimant wishes to apply for subsidy of the mediation, include with your Claim Form (#520) the Subsidy Application for Mediation (#668).
- · Serve the Respondent. After your claim has been filed, you will receive a packet from the Division by mail that must be served on the Respondent as soon as possible. You may not serve the Respondent yourself. (See Filing and Serving the Claim below for instructions). The package to serve will have a copy of your Claim Form (#520), a copy of this Overview Form (#523) and Form 520B, if applicable, a blank Respondent Answer Form (#521), a Subsidy Application for Mediation (#668), and an Affidavit of Service form.
- · Respondent's Response. Respondents must review all documents served upon them, which shall include this Overview (#523), the Claim Form (#520), Forms 520A and B, if there are additional claimants or respondents to supplement the Claim Form, a blank Respondent Form (#521), and a Subsidy Application for Mediation (#668). Respondents are required to file with the Division a completed Respondent Form (#521) within 30 days after service and mail a copy to the Claimant. Respondents should provide a brief statement of his/her defense to the allegations made by Claimant. Respondents shall file the original Respondent Form (#521) and one (1) copy to the Division. Lastly, a \$50.00 filing fee payable to "NRED" either by check, money order or cash must be provided at the time of filing. Do not send cash in the mail. This fee is not refundable.
- Selection of the Referee/Mediator. The last page of the Claim Form (#520) contains a list of the current mediators and referees. Claimants are to select one of the names listed. Claimants and Respondents may view the resumes of all mediators and referees on the Division's website at http://red.nv.gov/Content/CIC/ADR/Panel/ prior to making a selection. Respondent will state on the Respondent Form (#521) whether he/she agrees with the Claimant's selection. If both parties cannot agree on a mediator or referee, one will be appointed by the Division. Once a mediator or referee is appointed, he/she will govern the process going forward.

SERVING THE CLAIM

Per NRS 38.320(3), the Claimant must serve the claim, in the manner described under Nevada Rules of Civil Procedure 4, with a blank Respondent Form, a copy of this Overview (#523), a copy of the Claim Form (#520), and subsidy information as soon as possible after filing the claim with the Division. The Division will provide an Affidavit of Service form showing the

Revised: 07/01/22

Page 4 of 6



Registration Forms forAA new and existing HOAs and Condominium Hotels in NevadaAA

Initial Registration for New Associations (Form 603)

This form should be used when an association or condominium hotel registers with the Office of the Ombudsman for the first time (provided that the association is organized no later than the date the first unit in the common-interest community was conveyed).



NRS 116.3101 & NRS 116B.415



STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTEL

(702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702)486-4520

INITIAL ASSOCIATION REGISTRATION

Association's legal na				
(As it will appear in the Articles of				
Subdivision name(s) f (For instructions on how to locate	or the Association: the subdivision name, visit http://red	I.w.gov/uploadedFiles/redwygov/Co	ntent/Publications/References/s	ubdivision search.pdf)
	as a Master or Sub-association			THE REAL PROPERTY AND ADDRESS OF ADDRES ADDRESS OF ADDRESS OF ADDR
	iation, please indicate the nan			Sub-Association Trender
Association's physical a		-	Notification Address f	or Division Use:
(If no address list closest cross streets)	<u></u>			
<u></u>				
	State: NV Zip:			
	cated in:			
Association Telephone Nun	nber:	City:	State:	Zip:
	and NRS 116B.415, indicat on-profit corporation Trust			
Is the association a (check of	one): Cond	lominium Cooperative	Condominium Hotel	Planned Community
If a planned community, indi	icate unit type: Single Famil	y Dwelling Condominium	Duplex Townhouse	Manufactured Housing
	of first residential unit		10 NOT 10	
Units co	onveved/closed to date			
	rant reserves right to annex as			
Executive Board	President	Secretary	Treasurer	Vice President Director
Board Member's Name				
Physical address: Number & Street City / State / Zip Code				
Telephone Number				
E-mail Address (Optional)				
	Management Company and Manager's name	Custodian of Records	Attorney (if applicable)	Declarant
Business Name				
Contact Name				
Address: Number & Street City / State / Zip Code				
Telephone Number				
Fax Number (optional)				
The person signing this for		oard Member or assigned Co ed, regardless of whether the		is attesting to the accuracy of
The person signing is	Declarant Board Memb	er (Position)	Community Manager (License #)
Authorized Name	A	thorized Signature		Date
		For office use only		
Date Received:		Date Processed:	Proces	sed By:
Project Registration #:		Credential #:	F	iscal Year:
Notes				
Revised 7/12/2023		Page 2 of 3		Form 603

Form 603, continued

The following documents must be submitted alongside Form 603:

- **1. Initial Association Registration Application (Form 603)**
- 2. Permit Registration Letter issued by the Projects Section of the **Nevada Real Estate Division**
- Please call 702-486-4033, Option 5, for the Projects Section of the Division.
- **3. Recorded Plat Map or Maps**
- 4. CC&R's (Covenants, Conditions, & Restrictions)
- A draft is acceptable but must correspond with the Initial Association's name.
- 5. Bylaws
- A draft is acceptable but must correspond with the Initial Association's name.

6. From Secretary of State:

- Draft copy of the Articles of Incorporation (Non-Profit Form) used for registering with the Secretary of State.
- Registered Agent Acceptance





DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISIO? OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTE

3300 W. Sahara Ave. Ste. 350 * Las Vegas, NV 85 (702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702)

INITIAL ASSOCIATION REGISTRATION

Association's legal na				
(As it will appear in the Articles of				
Subdivision name(s) 1 (For instructions on how to locate	tor the Association: te the subdivision name, visit http://re	d.nv.gov/uploadedFiles/rednvgov/C	ontent/Publications/References/s	ubdivision search.pdf)
	d as a Master or Sub-associati			
	ciation, please indicate the nan			Sub-Association Trentie
Association's physical a			Notification Address f	or Division Use:
(If no address list closest cross streets)				
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County the association is lo	ocated in:	Address:	a second s	
Association Telephone Nur	mber:	City:	State:	Zip:
	1 and NRS 116B.415, indica Non-profit corporation Trust			
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20 10 10 10 10 10 10 10 10 10 10 10 10 10	icate unit type: Single Fami			Construction of the second
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	onveyed/closed to date			17 C
Max. (total) # of units decla	arant reserves right to annex a	s indicated in the Covenant, (Conditions & Restrictions (
Executive Board	President	Secretary	Treasurer	Vice President Director
Board Member's Name				
Physical address: Number & Street City / State / Zip Code				
Telephone Number				
E-mail Address (Optional)				
	Management Company and Manager's name	Custodian of Records	Attorney (if applicable)	Declarant
Business Name				
Contact Name				
Address: Number & Street City / State / Zip Code				
Telephone Number				
Fax Number (optional)				
The person signing is	orm must be the Declarant, B the information provid Declarant Board Memb	ed, regardless of whether there (Position)	ey completed the form.	License #)
Autorized Name	A	uutorizeu signature		LARE
		For office use only		
Date Received:		Date Processed:	Proces	sed By:
Project Registration #:		Credential #:	F	iscal Year:
Notes:		-1479107-12107-12107		2002 - 2007
Project Registration #:				

Form 603: Requirements

- A unit owners' association must be organized no later than the date the first unit is conveyed (transferred).
- The association must be organized as a for-profit or nonprofit corporation, association, limited-liability company, trust, partnership, or any other form of organization authorized by state law.
- It must also register its articles with the Secretary of State, in compliance with the applicable provisions of state law.





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(702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520

INSTRUCTIONS FOR REGISTRATION OF AN ASSOCIATION OR CONDOMINIUM HOTEL

This information sheet is intended to assist the public in understanding the process of registering an association or condominium hotel with the Office of the Ombudsman for Owners in Common-Interest Communities, which is required by NRS 116.31158 and NRS 116B.625.

The Initial Registration form (Form 603) should be used when an association or condominium hotel registers with the Office of the Ombudsman for Owners in Common-Interest Communities for the first time (provided that the association organized no later than the date the first unit in the common-interest community was conveyed.) This registration is required pursuant to NRS 116.3101 and NRS 116B.415 to comply with chapters 78, 81, 82, 86, 87, 88 and 88A of the Nevada Revised Statutes and must be completed before filing the articles of incorporation, certificates of registration or certificates of limited partnership, or any certificate of amendment thereof, with the Secretary of State.

***Note: Please check with the Department of Taxation to determine whether the association is required to have a business license.

The following documents are required to be submitted to the Division for an Initial Association Registration Application:

- 1. Initial Association Registration Application form 603:
- The form is available at: <u>http://red.nv.gov/uploadedFiles/rednvgov/Content/Forms/603.pdf</u>
- 2. Permit Registration Letter issued by the Projects Section of the Nevada Real Estate Division:
- Please call Jean McFeaters at 702-486-4480 Option 5 for the Projects Section of the Division;
- 3. Recorded Plat Map or Maps;
- 4. CC&R's (Covenants, Conditions, & Restrictions):
- Draft is okay; needs to correspond with Initial Association's name;
- Bylaws Draft is okay; needs to correspond with Initial Association's name;
- 6. Copy of Articles of Incorporation you intend to file with the Nevada Secretary of State:
- Nonprofit Articles of Incorporation
- · Registered Agent Acceptance

For the Initial Registration to be processed in a timely manner:

- Items 1-6 should be emailed to <u>CICOmbudsman@red.nv.gov</u>;
- The subject line of the email should read, "Initial Registration Filing Indented name of the Association;
- · Please indicate in the body of the email how the certificate will be returned to the party filing the Initial:
 - o Picked up at the Division
 - Mailed to an address indicated within the body of the email

No monies should be submitted with an Initial Registration Filing.

Please direct questions to the Division's CIC Supervisor at:

REAL ESTATE DIVISION COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS PROGRAM 3300 WEST SAHARA AVENUE, SUITE 325 LAS VEGAS, NEVADA 89102 (702) 486-4480 • Fax (702) 486-4520 Statewide Toll-Free Telephone: (877) 829-9907

NRS 116.3101(4)

Registration Form 603 must be completed before filing the Articles of Incorporation, **Certificates of Registration**, **Certificates of Limited** Partnership, or any amendments thereto with the **Secretary of State.**





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OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS

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E-mail: HOARegistrations@red.nv.gov

INITIAL ASSOCIATION DECISTRATION

		SOCIATION REGI	SIKATION	
Association's legal na (As it will appear in the Articles of	me:			
C. L. P. 1.1	and a second attend			
(For instructions on how to locate	the subdivision name, visit http://re	d.nv.gov/uploadedFiles/rednvgov/Co	ntent/Publications/References/st	ubdivision search
Is the Association identified	l as a Master or Sub-associati	on, per the CC&Rs:	Master	Sub-Associa
If identified as a Sub-Assoc	iation, please indicate the nan	ne of the Master Association		
Association's physical a	ddress:	Current 1	Notification Address for	or Division
i no anores un cioses crois sirenty		C/0		
City:	State: NV Zip:	Attn:		
County the association is lo	cated in:	Address:		
Association Telephone Nun	nber:	City:	State:	Zip:
-		te the type of common-inter	est community (choose o	ne):
		General partnership		
Is the association a (check of	one): Cond	dominium Cooperative	Condominium Hotel	Planned C
If a planned community, indi	cate unit type: Single Famil	y Dwelling Condominium	Duplex Townhouse	Manufactu
		· · · · ·		1.08 (in the second
		s indicated in the Covenant, C		
				Vice
Executive Board	President	Secretary	Treasurer	Direc
Board Member's Name				
Physical address: Number & Street City / State / Zip Code				
Telephone Number				
E-mail Address (Optional)				
	Management Company and Manager's name	Custodian of Records	Attorney (if applicable)	De
Business Name				
Contact Name				
Address: Number & Street City / State / Zip Code				
Telephone Number				
Fax Number (optional)				

The person signing this form must be the Declarant, Board Member or assigned Community Manager who is attesting to the accuracy of the information provided, regardless of whether they completed the form.

The person signing is 🗌 Declara	nt Board Member (Position) Co	mmunity Manager (License #
Authorized Name	Authorized Signature	Date
	For office use only	
Date Received:	Date Processed:	Processed By:
Project Registration #:	Credential #:	Fiscal Year:
Notes:		
Revised 7/12/2023	Page 2 of 3	

pd() ion Neither
se:

ompany

ommunity

red Housing

resident
or
larant



Form 603



Annual Registration

- This registration form and the annual per-unit fee of \$4.25 must be received by the Office of the Ombudsman no earlier than 45 days and no later than the last business day of the month in which the association incorporated with the Office of the Secretary of State.
 - The amount of unpaid fees bears interest equal to the prime rate at the largest bank in Nevada, as ascertained by the Commissioner of Financial Institutions, from the date owed to the date the fees are paid in full [NRS 116.31155(4)].

(F	Form	562)

STATE OF NEVADA DEPARTMENT OF RUSINESS AND INDUSTRY - REAL ESTATE DIVISION OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS

3300 W. Sahara Ave. Ste. 350 * Las Vegas, NV 89102 (702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520

ANNUAL ASSOCIATION REGISTRATION

Subdivision name(s)	for the Association:		
(As it appears on the County Asso Nevada Secretary of (For SOS Filing information, visi	essor's website) State (SOS) entity numb it http://www.gov/sosentitysearch/)	er: SO	S original filing date://
		on ner the CC&Rs	Master Sub-Association Neither
		te of the Master Association	
Association's physical			cation Address for Division Use:
lf no address list closest cross streets)		C/0	
City	State: NV Zip:		
	ocated in:		
	imber:	Charles .	State: Zip:
•			
		e the type of common-interest com	
			artnership 🔲 Limited liability company
is the association a (check	one): 🔲 Cond	ominium Cooperative Con	dominium Hotel 🔲 Planned Community
If a planned community, ind	dicate unit type: 🔲 Single Famil	y Dwelling 🔲 Condominium 🔲 Dupl	lex 🔲 Townhouse 🛄 Manufactured Housing
As of this date, the number	r of units that currently have lie	ens filed against them for unpaid asso	essments:
Number of foreclosures, in	the prior fiscal year, based on	liens for failure of unit owner to pay	assessments:
Units/Budget/Assessme	ents		
Number of current annexe	d units: (See page 3 regarding reside	ntial single family dwelling custom homes un	der Units/Budget/Assessments)
Max. (total) # of units deci	larant reserves right to annex as	indicated in the Covenant, Conditio	ns & Restrictions (CC&Rs):
Have the declarant's devel	opmental rights (right to annex	additional units into the community) expired: Yes 🔲 No
Date most recent annual m	eeting was held:		
Accounting Fiscal Year Er	nd:		(Month /Day): /
Fotal annual budgeted asse	essments (combined assessmen	t amounts for all units within the cor	nmunity):\$
		ounts for all units, including interest	
The most recent independe	ent CPA financial statements, re	equired by NRS 116.31144, were:	reviewed audited <\$45,000
The fiscal or calendar year	for which the reviewed or aud	lited financial statements represent: .	(Year only):
If required, has the review	or audit above been completed		
Date the audit/review was	completed:		
		For office use only	
If not completed, explain:		For office use only First Date Stamp:	Walk-in Accepted by:
If not completed, explain:	Amount:	First Date Stamp:	Walk-in Accepted by:

STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS

3300 W. Sahara Ave. Ste. 350 * Las Vegas, NV 89102 (702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520 http://red.nv.gov/

E-mail: HOARegistrations@red.nv.gov

ANNU	AL ASSOCIATION R	EGISTRATION	
Association's legal name:	(Vente 'n sucheriter)		
Subdivision name(s) for the Associati As it appears on the County Assessor's website)			
Nevada Secretary of State (SOS) enti For SOS Filing information, visit http://www.gov/sosenti	ty number:	SOS original filing	g date:/ //
s the Association identified as a Master or Sul	o-association, per the CC&Rs:	Master	Sub-Association Neithe
f identified as a Sub-Association, please indica			
Association's physical address:	Cur	rent Notification Address f	or Division Use:
(f no address list closent cross streets)	C/0		
City: State: NV Zip			
County the association is located in:		ress:	
Association Telephone Number:		State	
Pursuant to NRS 116.3101 and NRS 116B.41			
Profit corporation Non-profit corporation			
s the association a (check one):			
f a planned community, indicate unit type: 🗖 Si	ngle Family Dwelling Condomin	num Duplex Townhouse	Manufactured Housing
As of this date, the number of units that current	ly have liens filed against them for	r unpaid assessments	
Number of foreclosures, in the prior fiscal year	, based on liens for failure of unit	owner to pay assessments	
Units/Budget/Assessments			
Number of current annexed units: (See page 3 rege	urding residential single family dwelling cu	ustom homes under Units/Budget/Assess	ments)
Max. (total) # of units declarant reserves right to	o annex as indicated in the Covena	ant, Conditions & Restrictions (O	CC&Rs)
Have the declarant's developmental rights (right	t to annex additional units into the	community) expired:	Yes N
Date most recent annual meeting was held			/D/YR) / /
Accounting Fiscal Year End:			(Month /Day): /
fotal annual budgeted assessments (combined			
fotal annual budgeted revenue (combined asses	ssment amounts for all units, inclu	ding interest, other income, etc.)\$
The most recent independent CPA financial sta	tements, required by NRS 116.31	144, were: reviewed	audited \$45,000
The fiscal or calendar vear for which the revie	wed or audited financial statement	ts represent:	(Year only):
f required, has the review or audit above been	completed:		Yes N
Date the audit/review was completed			
f not completed, explain:		entertertertertertertertertertertertertert	19 62 66 65 66 66 67 68 67 68 67 67 68 67 67 68 67 68 67 68 67 68 67 68 67 68 67 68 67 68 67 68 67 68 67 68 68
	For office use only		
Check No.: Amount:	and the second sec		Walk-in Accepted by:
Receipt No.: Fiscal Year:			rocessed By:
Notes:			ocessed By:
Reserve Study Summary Dater Roster	Correspondence:		
Revised 8/30/2022	Page 1 of 4		Form 562

https://red.nv.gov/uploadedFiles/rednvgov/Content/Fo rms/562.pdf

	31152 and NRS 116B.605)			
	n been conducted:			
•	een conducted, is the executi		•	-
	tach explanation to why a r			
	adopted by Board:			A CASH AND AND A CASH
	recent study			
	ucted pursuant to NRS 31152			
	ted to the Division			P
	ecialist (or person, pursuant to			Destroyed and a second s
	egistration number or the tit			Devil Control of the second
	rformed its annual review of t			
	de the necessary adjustments			sector and the
Required reserve account ba	alance as of the end of the cur	rent fiscal year, per the most r	recent adopted reserve study:	\$
	alance as of the end of the ass	· · · · · · · · · · · · · · · · · · ·		Designed and the second s
Is there currently a Reserve	Assessment in effect			Yes 🔲 No
If yes, how long is the Rese	rve Assessment in effect			
Board/Management/Dec				
Current number of board m	embers			
-	ts, how many board members			
	embers signed a Form 602 w			
Executive Board	President	Secretary	Treasurer	Vice President Director
Board Member's Name				
Physical address: Number & Street City / State / Zip Code				
Telephone Number				
E-mail Address				
	Director	Director	Director	Hotel Unit Owner Director
Board Member's Name				
Physical address: Number & Street City / State / Zip Code				
Telephone Number				
E-mail Address				
	Please use a separate sheet of	paper for additional board men	nbers and attach to this form.	
	Management Company and Manager's name	Custodian of Records	Attorney (if applicable)	Declarant
Business Name				
Contact Name				
Address: Number & Street City / State / Zip Code				
Telephone Number				
Fax Number (optional)				
The person signing this fo	rm must be the Declarant, B the information provid	oard Member or assigned Co ed, regardless of whether the		ttesting to the accuracy of
The person signing is	Declarant Board Memb	er (Position)	Community Manager (Lie	cense#)
Authorized Name		Authorized Signature		Date
	This form can be sub	mitted by email. mail. fa	<u>ix, or hand delivery</u>	
Revised 8/30/2022		Page 2 of 4		Form 562

Annual Registration Tips

- Before submitting a form, always check the NRED website to ensure you are using the most up-to-date version. Information submitted using outdated forms will not be processed.
- The form must be completed in its entirely prior to submission.
- The most commonly missing information is the signature at the end of the form.
- If no reserve study has been conducted, an explanation must be provided.
- Complete physical addresses and contact information are required for each board member currently serving.

Reserve Study Summary

Master Roster

Cor

STATE OF NEVADA
DEPARTMENT OF RUSINESS AND INDUSTRY - REAL ESTATE DIVISION
OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS
3300 W. Sahara Ave. Ste. 350 * Las Vegas, NV 89102
(702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520

Subdivision name(s) for the Association:		
Nevada Secretary of State (SOS) entity number:	SOS	original filing date://
Is the Association identified as a Master or Sub-association, per the	CC&Rs:	. Master Sub-Association Neither
If identified as a Sub-Association, please indicate the name of the M		-
Association's physical address: If no oddress list closet cross streng	Current Notificati	ion Address for Division Use:
Af no address line closene cross streets)	C/0	
City: State: <u>NV</u> Zip:	Attn:	
County the association is located in:	Address:	
Association Telephone Number:		State: Zip:
Association relepione Number.		
Pursuant to NRS 116.3101 and NRS 116B.415, indicate the type	of common-interest commu	anity (choose one):
Profit corporation 🔲 Non-profit corporation 🗌 Trust 🔲 Genera	al partnership 🔲 Limited partn	nership 🔲 Limited liability company
s the association a (check one): Condominium	Cooperative Condor	ninium Hotel 🔲 Planned Community
If a planned community, indicate unit type: 🔲 Single Family Dwelling	Condominium Duplex	Townhouse Manufactured Housing
	minet them for unnaid accessor	
As of this date, the number of units that currently have liens filed as		mente:
Number of foreclosures, in the prior fiscal year, based on liens for f		
Number of foreclosures, in the prior fiscal year, based on liens for f Units/Budget/Assessments	ailure of unit owner to pay as	sessments:
Number of foreclosures, in the prior fiscal year, based on liens for fi Units/Budget/Assessments Number of current annexed units: (See page 3 regarding residential single f	ailure of unit owner to pay as	sessments:
Number of foreclosures, in the prior fiscal year, based on liens for fi Units/Budget/Assessments Number of current annexed units: (See page 3 regarding residential single f Max. (total) # of units declarant reserves right to annex as indicated	ailure of unit owner to pay as family dwelling custom homes under in the Covenant, Conditions	Units/Budget/Assessments)
Number of foreclosures, in the prior fiscal year, based on liens for fi Units/Budget/Assessments Number of current annexed units: (See page 3 regarding residential single f Max. (total) # of units declarant reserves right to annex as indicated Have the declarant's developmental rights (right to annex additional	ailure of unit owner to pay as family dwelling custom homes under in the Covenant, Conditions I units into the community) en	Units/Budget/Assessments)
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Number of foreclosures, in the prior fiscal year, based on liens for fi Units/Budget/Assessments Number of current annexed units: (See page 3 regarding residential single f Max. (total) # of units declarant reserves right to annex as indicated Have the declarant's developmental rights (right to annex additional Date most recent annual meeting was held:	ailure of unit owner to pay as family dwelling custom homes under in the Covenant, Conditions I units into the community) es for all units within the comm	sessments:
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Number of foreclosures, in the prior fiscal year, based on liens for fi Units/Budget/Assessments Number of current annexed units: (See page 3 regarding residential single f Max. (total) # of units declarant reserves right to annex as indicated Have the declarant's developmental rights (right to annex additional Date most recent annual meeting was held:	ailure of unit owner to pay as family dwelling custom homes under in the Covenant, Conditions of l units into the community) ex- for all units within the commu- all units, including interest, of NRS 116.31144, were:	usessments:
Number of foreclosures, in the prior fiscal year, based on liens for fi Units/Budget/Assessments Number of current annexed units: (See page 3 regarding residential single f Max. (total) # of units declarant reserves right to annex as indicated Have the declarant's developmental rights (right to annex additional Date most recent annual meeting was held:	ailure of unit owner to pay as family dwelling custom homes under in the Covenant, Conditions of l units into the community) ex- for all units within the commu- all units, including interest, of NRS 116.31144, were:	Units/Budget/Assessments) Whits/Budget/Assessments) & Restrictions (CC&Rs): wpired: (M/D/YR) / (Month /Day): / unity): \$ ther income, etc.): Setient Setient
Number of foreclosures, in the prior fiscal year, based on liens for foreclosures, in the prior fiscal year, based on liens for for the second statements. Number of current annexed units: (See page 3 regarding residential single for Max. (total) # of units declarant reserves right to annex as indicated thave the declarant's developmental rights (right to annex additional Date most recent annual meeting was held:	ailure of unit owner to pay as family dwelling custom homes under in the Covenant, Conditions I units into the community) es for all units within the comm all units, including interest, ot NRS 116.31144, were:	sessments:
Number of foreclosures, in the prior fiscal year, based on liens for field units/Budget/Assessments Number of current annexed units: (See page 3 regarding residential single field Max. (total) # of units declarant reserves right to annex as indicated Have the declarant's developmental rights (right to annex additional Date most recent annual meeting was held:	ailure of unit owner to pay as family dwelling custom homes under in the Covenant, Conditions of l units into the community) es for all units within the commu all units, including interest, ot NRS 116.31144, were:	usessments:
Number of foreclosures, in the prior fiscal year, based on liens for field units/Budget/Assessments Number of current annexed units: (See page 3 regarding residential single field Max. (total) # of units declarant reserves right to annex as indicated Have the declarant's developmental rights (right to annex additional Date most recent annual meeting was held:	ailure of unit owner to pay as family dwelling custom homes under in the Covenant, Conditions of l units into the community) es for all units within the commu all units, including interest, ot NRS 116.31144, were:	usessments:
Number of foreclosures, in the prior fiscal year, based on liens for field to the prior fiscal year, based on liens for field to the prior of current annexed units: (See page 3 regarding residential single field Max. (total) # of units declarant reserves right to annex as indicated Have the declarant's developmental rights (right to annex additional Date most recent annual meeting was held:	ailure of unit owner to pay as family dwelling custom homes under in the Covenant, Conditions of l units into the community) es for all units within the commu all units, including interest, ot NRS 116.31144, were:	usessments:
Number of foreclosures, in the prior fiscal year, based on liens for field Units/Budget/Assessments Number of current annexed units: (See page 3 regarding residential single field Max. (total) # of units declarant reserves right to annex as indicated Have the declarant's developmental rights (right to annex additional Date most recent annual meeting was held:	ailure of unit owner to pay as family dwelling custom homes under in the Covenant, Conditions of l units into the community) en for all units within the commu- all units, including interest, of NRS 116.31144, were: cial statements represent:	sessments:
As of this date, the number of units that currently have liens filed ag Number of foreclosures, in the prior fiscal year, based on liens for f Units/Budget/Assessments Number of current annexed units: (See page 3 regarding residential single f Max. (total) # of units declarant reserves right to annex as indicated Have the declarant's developmental rights (right to annex additional Date most recent annual meeting was held:	ailure of unit owner to pay as family dwelling custom homes under in the Covenant, Conditions of l units into the community) ex- for all units within the commu- all units, including interest, of NRS 116.31144, were: cial statements represent: flice use only Stamp:	usessments:

Incorrect information on the form—such as an entity number or legal association name that does not match official records—should be avoided. Be sure to check the Secretary of State's (SOS) website for the most current association information at: https://esos.nv.gov/EntitySearch/OnlineEntityS earch



- → C == esos.nv.gov/EntitySearch/Onlin	neEntitySearch			☆ 산 🔺
SilverFlume				9
Nevada Business Search				
* Includes Trademarks, Trade Names, Ser	vice Marks, Reserved Names & Business Licenses			
I Would Like To Search By:				
Name:	Starts With O Contains O Exact Match O All Words			
Business Entity Search Criteria		Marks Search Criteria		
Entity Number:		Mark Number:		
NV Business ID Number:		Classification:	Select 🗸	
	Individual Organization	Goods and Services:		
Officer First Name:		Applicant Name:		
Officer Middle Name:				
Officer Last Name:				
Registered Agent Name:				

Advanced Search Options



https://esos.nv.gov/EntitySearch/OnlineEntitySearch

Registration Filing Addendum (Form 623)

- The association must submit the Registration Filing Addendum to the Division within 30 days of any changes to the contact information of a member of the executive board or any hired agents.
 - There are no fees associated with this form. File this form if your association has had a change in its community manager, association attorney, custodian of records, mailing address, or board membership.



STATE OF NEVADA

DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS PROGRAM

3300 W. Sahara Avenue, Suite 350 * Las Vegas, NV 89102

(702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520

http://red.nv.gov/

REGISTRATION FILING ADDENDUM

The Association shall submit this form to the Division within 30 days of any change in board membership or hired agents, including any change in contact information (NAC 116.385). There are NO FEES associated with this form. Any changes submitted are for Division us nly and will not be reported to the Secretary of State. If submitted incomplete, this form will not be processed and will be returned to sender

Association's Legal Name (As it appears in the Articles of Incorporation/Secretary of State's website)		
Association's Subdivision Name(s) (As it appears on the County Assessor's website)		
Nevada Secretary of State (SOS) Entity Number (For SOS Filing information, visit fitte: (hysics payloanentitysearche)		SOS Original File Date
Is the Association identified as a Master or Sub-Association, per	the CC&Rs?	Master Sub-Association Neither
If identified as a Sub-Association, please indicate the name of the	e Master Association	
Has there been a change in address for correspond	ence with the Associa	tion? Ves (complete below) No
C/0	Attn.	
Address	City	State Zip
Association's Telephone Number (This phone number will be supplied to t	Fax Numbe	r
Has there been a change in Management Company		
If changing	g management company, compl	lete the Custodian of Record below this section as well
Management Company Name		Same Correspondence Address as above
Address	City	State Zip
REQUIRED if YES for this portion: Date new Management be	;an	
Has there been a change in the Association's Custo	dian of Records?	Yes (complete below) No
Individual (not company) designated as the Custodian of Record	s	Same as CM
List the address where the Association's records are located belo	w	Same as Correspondence Address
Address	City	StateZip
Telephone Number		r
Has there been a change in Community Manager (<u>CM2</u>	Yes (complete below) No
If changing the community manager	complete the Custodian of Rec	cord above this section as well with current Custodian.
Name of Licensed Community Manager (As it appears on the license issued by the Real Estate Division)		CM License #
Name of Management Company:		
Licenses type: Temporary Certificate Provis	ional Designation	Supervisory Designation
If CM is a Provisional or Supervising Manager	88 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -	Sup. CM License #
REQUIRED if YES for this portion: Date new Manager began		
Has there been a change in the Association's Attor	nev of Record?	Yes (complete below) No
Name of Law Firm		and the second
Attorney Address	E Contraction of the second s second second seco	
Telephone Number		
	FICIAL USE ONLY	
First Date Stamp: Dat		Processed By:
Second Date Stamp:Dat	e Processed:	Processed By:
Revised 8/24/2022 P	age 1 of 2	Form 623

Registration Filing Addendum (Form 623), continued

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DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS PROGRAM 3300 W. Sahara Avenue, Suite 350 * Las Vegas, NV 89102

(702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520

E-mail: HOARegistra ired.nv.gov http://red.nv.gov/

REGISTRATION FILING ADDENDUM

The Association shall submit this form to the Division within 30 days of any change in board membership or hired agents, including any change in contact information (NAC 116.385). There are NO FEES associated with this form. Any changes submitted are for Division use only and will not be reported to the Secretary of State. If submitted incomplete, this form will not be processed and will be returned to sender.

Association's Legal Name (As it appears in the Articles of Incorporation/Secretary of State's we	bsite)		
As a appears on the County Assessor's website)			
Nevada Secretary of State (SOS) Entity Number	r	SOS Original File Date	
(For SOS Filing information, visit http://www.gov/socentitysearch/) Is the Association identified as a Master or Sub-Associa	tion, per the CC&Rs?	Master Sub-Association Neither	
If identified as a Sub-Association, please indicate the na			
Has there been a change in address for corr			v
C/O			
Address		State Zip	-
			-
Association's Telephone Number (This phone number will be	Fax Nut rupplied to the public)	mber	_
Has there been a change in Management Co		Yes (complete below)	,
	f changing management company, co	omplete the Custodian of Record below this section as	
Management Company Name		Same Correspondence Address as a	
Address		StateZip	-
REQUIRED if YES for this portion: Date new Manage	-		_
Has there been a change in the Association's	s Custodian of Records? .	Yes (complete below)	0
Individual (not company) designated as the Custodian o	f Records	Same as	CA
List the address where the Association's records are loc	ated below	Same as Correspondence Addr	ess
Address	City	StateZip	
Telephone Number	Fax Nu	mber	
Has there been a change in Community Ma	nager (CM)?	Yes (complete below) No	9
If changing the community Name of Licensed Community Manager	manager, complete the Custodian o	f Record above this section as well with current Custod CM License #	ia
(As it appears on the license issued by the Real Estate Division)		Con Laccuse #	_
Name of Management Company:			
Licenses type: Temporary Certificate	Provisional Designation	Supervisory Designation	
If CM is a Provisional or Supervising Manager		Sup. CM License #	
REQUIRED if YES for this portion: Date new Manage	r began		_
Has there been a change in the Association's	s Attorney of Record?	Yes (complete below) No	,
Name of Law Firm	Name of	Attomey	
Attorney Address	City	State: Zip:	
Telephone Number	Fax Number		
	FOR OFFICIAL USE ONLY		
First Date Stamp:	Date Processed:	Processed By:	
Second Date Stamp:	Date Processed:	Processed By:	
Revised 8/24/2022	Page 1 of 2	Form 623	_

Fax: (702) 486-4520

Executive Bo
Reason
Board Member
Name
Personal Addre
Number & Stra
City / State / Z
Personal Telep
Number
Term dates
-
Executive Bo
 100

Executive Board	Pres Sec Tres VP Dir	Pres Sec Tres VP Dir	Pres Sec Tres VP Dir
Reason	Elected Appointed Position Change	Elected Appointed Position Change	Elected Appointed Position Change
Board Member's Name			
Personal Address Number & Street City / State / Zip			
Personal Telephone Number			
Term dates	(Mo./day/yr.) thru (Mo./day/yr.)	(Mo./day/yr.) thru (Mo./day/yr.)	(Mo./day/yr.) thru (Mo./day/yr.)
Executive Board	Pres Sec Tres VP Dir	Pres Sec Tres VP Dir	Pres Sec Tres VP Dir
Reason	Elected Appointed Position Change		Elected Appointed Position Change
Board Member's Name			
Personal Address Number & Street City / State / Zip			
Personal Telephone Number			
Term dates	(Mo./day/yr.) thru (Mo./day/yr.)	(Mo/day/yr.) thru (Mo/day/yr.)	(Mo./day/yr.) thru (Mo./day/yr.)

Γ	Executive	B

Reason

Board Membe Name End Date

Executive B

Reason

Board Member Name

End Date

The person s

The person

Authorized

Has there been a change to the board, including officers/ contact information? Yes (complete all below) No

Per the governing documents, how many board members are required?

How many members are currently on the board?

Pres Sec Tres VP How many officers are not unit owners? , indicate office(s) held:

ALL CURRENT BOARD MEMBERS

(The number of board members listed below must match the number listed above for "How many members are currently on the board" List all board members, including those who are newly elected, re-elected, appointed or changed officer positions since last registration or addendum)

NO LONGER SERVING ON BOARD

(List those whose terms have expired, resigned, removed ... since last registration or addendum)

oard	Pres Sec Tres VP Dir	Pres Sec Tres VP Dir	Pres See Tres VP Dir
	Term expired Resigned Removed Transition from Declarant Other:	Term expired Resigned Removed Transition from Declarant Other:	Term expired Resigned Removed Transition from Declarant Other:
's			
	(Mo./day/yr.)	(Mo./day/yr.)	(Mo./day/yr.)
	0		
ard	Pres See Tres VP Dir	Pres Sec Tres VP Dir	Pres See Tres VP Dir
ard	Pres Sec Tres VP Dir Term expired Resigned Removed Transition from Declarant Other:	Pres Sec Tres VP Dir Term expired Resigned Removed Transition from Declarant Other:	Pres See Tres VP Dir Term expired Resigned Removed Transition from Declarant Other:
oard r's	Term expired Resigned Removed Transition from Declarant	Term expired Resigned Removed Transition from Declarant	Term expired Resigned Removed Transition from Declarant
	Term expired Resigned Removed Transition from Declarant	Term expired Resigned Removed Transition from Declarant	Term expired Resigned Removed Transition from Declarant

igning this form must be the Declarant, Board Member or assigned Community Manager who is attesting to the	accuracy of
the information provided, regardless of whether they completed the form.	
a signing is Declarant Board Member (Position) Community Manager (License #)	

This form can be submitted by email, mail, fax or hand delivery.

Authorized Signature

Revised 8/24/2022

Page 2 of 2

Form	623

Email: HOARegistrations@red.nv.gov

Certification of Board Members (Form 602)

- Each member of the executive board must, within 90 days of their appointment or election, certify in writing to the association —using Form 602—that they have read and understand the governing documents of the association and the provisions of NRS 116, to the best of their ability.
 - This form becomes part of the association's records and must be maintained for 10 years [NRS 116.31175(7)].
 - Do not submit this form to the Division unless specifically requested to do so.



	STATE OF NEVA	DA
DEPARTMENT OF B	USINESS AND INDUST	RY - REAL ESTATE DIVISION
OFFICE OF THE OMBUDSMAN FOR	COMMON-INTEREST (COMMUNITIES AND CONDOMINIUM HOTELS
3300	W. Sahara Ave., Ste. 325 * Las	s Vegas, NV 89102
(702) 486	-4480 * Toll free: (877) 829-9907	7 * Fax: (702) 486-4520
E-mail: Cl	COmbudsman@red.nv.gov	http://red.nv.gov/

Declaration of Certification Common-Interest Community Executive Board Member

(print name clearly)	, as an elected or appointed member of the
executive board of	sociation as it appears on Secretary of State's website)
	n hotel, Secretary of State (SOS) Entity Numb
of,	certify that I have read and understand, the
governing documents of the association and th	ne provisions of Chapter 116 or 116B of Nevad
Revised Statutes (NRS) and Chapter 116 of	the Nevada Administrative Code (NAC) to the
best of my ability.	
dicate one of the following:	
Elected to the board on	
And the second	
Re-Elected to the Board on	
Appointed to the Board on	
sition elected, re-elected, or appointed to:	Pres VP Sec Tres Dir
"I declare under penalty of perjury under th	e law of the State of Nevada that the
foregoing is true an	nd correct."
	//
Signature	Date

This form is required to be kept as an association record that MAY be requested by the Division at any time.

Reserve Study Summary (Form 609)

Using Form 609, a summary of the reserve study must be submitted to NRED no later than:

- 210 days after the executive board receives a draft of the study [NAC 116.435].
- 45 days after the date that the executive board adopts the results of the study [NRS 116.31152(4)].

Send the completed form to: HOARegistrations@red.nv.gov



Nevada Real Estate Division



Revised 8/17/202



STATE OF NEVADA

DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS

3300 W. Sahara Avenue, Suite 350 * Las Vegas, NV 89102

E-mail: CKOmbudsman@red ny nov http://red n

RESERVE STUDY SUMMARY FORM (NRS 116.31152)

The executive board shall: at least once every 5 years cause to be conducted a study of the reserves [with an on-site inspection] required or repair, replace and restore the major components of the common elements and any other portion of the common-interest community hat the association is obligated to maintain, repair, replace or restore; at least annually, review the results of that study to determine whether those reserves are sufficient; and at least annually, make any adjustments to the association's funding plan which the executive board deems necessary to provide adequate funding for the required reserves. A summary of the study of the reserves must be ubmitted to the Division no later than 45 days after the date that the executive board adopts the results of the study, using this form.

Association's legal name:		
(As it appears in the Articles of Incorporation/Secretary of State's v Subdivision name(s) for the Association: (As it appears on the County Assessor's subsite)		
		SOS original filing date:/ //
Is the Association identified as a Master or	ub-association, per the CC&Rs:	Master Sub-Association Neither
If identified as a sub-association, please ind	cate the name of the Master Associatio	ND:
CURRENT BILLING INFORMATION		
Mailing/billing address:		
City: State:	Zip: County the assoc	iation is located in:
Management company name (if applicable)		
Address of Management Company: 🔲 sam	as above	
City: State:	Zip: Name of Commu	inity Manager:
Email address for Community Manager:		Custodian of Records:
Condominium Cooperative Condominium Hotel Planned Co Approximate age of development: Max.(total) # of units declarant reserves rigl RESERVE STUDY INFORMATION	nmunity 🗆 Dup	de Family Dwelling Condominium lex Downhouse Manufactured Housing Number of current annexed units:
Pursuant to NAC 116.425(1)(o), was the re (1) A full reserve study (2) An update to a previous reserve study (3) An update to a previous reserve study	made pursuant to a site visit	pted by the executive board (check one):
B. 114	at recent reserve study was commen-	ced: (M/D/YR.): / /
ed in a previous study?)/YR.): / / Commencemen	nt date of previous study (M/D/YR.):/_/
	ilist who conducted the study:	
g Fiscal Year End Date (Mo./day):/ Y		s than 55,000, name of individual deemed qualifi or □ N/A
<u>s</u>	For Office Use Only Date Processed:	Processed by:

Page 1 of 2

Form 609

he most recent reserve study, were any components identified that were **not** identified in a previous study?
Yes
If yes, provide an explanation and attach any supporting documents:

knowledge
state):

Page 2 of 2

FILING FOR EXEMPTION AS A LIMITED PURPOSE ASSOCIATION CREATED AS A RURAL AGRICULTURAL RESIDENTIAL COMMON-INTEREST COMMUNITY (Form 651)

- Limited Purpose Associations (LPAs/LMAs) have no use restrictions in NV.
- LMAs in rural areas may choose to not pay fees to the Ombudsman's Office if they do not intend to use the services of this office.
 In these cases, the LMA must submit a form 651.



Nevada Real Estate Division

STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS 3300 W. Shara Ave., Saire 325 * Lat Vegas, Nevada S910 * (2012) 466-4400 * Tex (2012) 466-4520

FILING FOR EXEMPTION AS A LIMITED PURPOSE ASSOCIATION CREATED AS A RURAL AGRICULTURAL RESIDENTIAL COMMON-INTEREST COMMUNITY

Secretary of State entity number:	Secretary of State file date:
Association's Physical Address:	
Association's Mailing Address:	
Association's Telephone Number:	Fax Number:
Management Company (if any)	
Management Company's address:	

Number of units: Number of units declarant reserves right to convey Approx. age of development:

Is the association a: (check one) Condominium Cooperative Planned Community**
** If a planned community, indicate which types of units it includes:

Single Family Dwelling
 Condominium
 Townhouse
 Manufactured Housing
 Duplex

REQUIRED DOCUMENTATION

A complete recorded copy of the declaration (CC&Rs) and any recorded amendments must accompany this request.

 The section in the declaration/CC&Rs must be tabbed indicating the association was created for a rural aericultural association.

By and through this document the aforementioned association hereby submits to the Nevada Real Estate Division this form for filing of exemption pursuant to Assembly Bill 207, Sec.1 (2009 Legislative Session).

Revised 8/24/09	Page 1 of 2	Form 651

Under Nevada Administrative Code (NAC) 116.090 and Nevada Revised Statutes (NRS) 116.1201, effective July 1, 2009, an association is exempt from paying registration fees to this Office if it is a "rural agriculture residential common-interest community," which is one type of "limited purpose association".

A rural agricultural residential common-interest community is defined in NAC 116. 090(3) as:

- 1. The community was created as an agricultural residential common-interest community:
- 2. The residential lots are a minimum of 1 acre:
- The lots are zoned by the county in which the community is located for agricultural purposes; and
- The governing documents of the association authorize the residents to farm or raise livestock on the residential lots.

It is hereby acknowledged that payment of the \$3.00 per unit fee <u>will not be required</u> and that the services of the Office of the Ombudsman <u>will no longer be available</u> to the exempt association or the membership.

"I declare under penalty of perjury that the foregoing is true and correct."

Executed on

(Signature)

(Print Name)

(Date)

(Title)

LIMITED PURPOSE ASSOCIATION CREATED AS A RURAL AGRICULTURAL RESIDENTIAL COMMON-INTEREST COMMUNITY ANNUAL REGISTRATION (Form 653)

- However, some LPAs may choose to use the services of our office.
- Note: please review your governing documents carefully. In some cases LPAs are LPAs in name only, and the governing documents define the community as an HOA.
 - A rural CIC must file form 653 with the Division and pay annual registration fees to the Office of the Ombudsman.



STATE OF NEVADA

DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION

OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS

3300 W. Sahara Ave., Suite 325 * Las Vegas, Nevada 89102 (702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520 http://red.nv.gov

LIMITED PURPOSE ASSOCIATION CREATED AS A RURAL AGRICULTURAL RESIDENTIAL COMMON-INTEREST COMMUNITY ANNUAL REGISTRATION

Secretary of State entity nu	mber:	Secretary of State file date:		
Association's Physical Add	ress:			
Association's Mailing Add	ress:			
Association's Telephone N	umber:	Fax Number:		
Management Company (if a	any)			
Management Company's ad	ddress:			
Units conveyed/closed to d		eclarant reserves/reserved the rig	ght to convey:	
347.3		Dwelling Manufacture nal board members and attach	100	
197.23			100	
Please use a separate	sheet of paper for addition	nal board members and attach	is to this form, if needed.	
Please use a separate Executive Board	sheet of paper for addition	nal board members and attach	is to this form, if needed.	
Please use a separate	sheet of paper for addition	nal board members and attach	is to this form, if needed.	
Please use a separate s Executive Board Board Member's Name Physical address: Number & Street City / State / Zip Code	sheet of paper for addition	nal board members and attach	is to this form, if needed.	
Please use a separate a Executive Board Board Member's Name Physical address: Number & Street City / State / Zip Code Telephone Number E-mail Address (Optional) Name of person completing	sheet of paper for addition President g form (print)	nal board members and attach	is to this form, if needed. Treasurer tte:	
Executive Board Board Member's Name Physical address: Number & Street City / State / Zip Code Telephone Number E-mail Address (Optional) Name of person completin Signature:	sheet of paper for addition President g form (print)	nal board members and attach Secretary Ti Date signed: M	is to this form, if needed. Treasurer tle: gr. License #	

Annual Hotel Unit Owner Registration (Form 667)

- This form is for associations who have the status of condominium hotels, governed by NRS 116B.
- Similarly to the annual registration forms for CIC, these forms must be completed annually by a board member, the declarant, or the CAM for the condominium hotel.



Nevada Real Estate Division

STATE OF NEVADA

DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS 3300 W. Sabara Ave., Suite 325* Las Vegas, Nevada 89102

(702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520 E-mail: <u>CICOmbodsman@red.nv.gov</u><u>http://red.nv.gov</u>

ANNUAL HOTEL UNIT OWNER REGISTRATION

NRS 116B.125 defines "Hotel Unit Owner" as the owner of the hotel unit and the shared components. The hotel unit owner may be the declarant or any successor or assignee of the declarant or an affiliate of the declarant.

As of May 5, 2011, the hotel unit owner's portion of a Condominium Hotel is required to register with the Office of the Ombudsman for Owners in Common-Interest Communities and Condominium Hotels annually, pursuant to NAC 116B.330.

Title:

Name of Hotel Unit Owner:

Telephone Number

Revised 03/12/12

Contact Name:

Email Address:

Legal name of the condominium hotel association, located within the hotel, as it appears on the Secretary of State's web site:

(For SOS filing information, log onto http://nvsos.gov/sosentitysearch/CorpSearch.aspx)

Hotel's unit owners physical address:		Current mailing address:			
City:	State: NV Zip:				
County the hotel is loo	cated in:	City:	State:	Zip:	
The amount of budget	ed expenses (both shared expenses a	and total expenses) for cu	rrent year: \$		
he date which the me	ost recent audit or review of the fina	ncial statements was com	pleted: / /		
An unqualified opinion r	he opinion: □ qualified □ results when an auditor finds no material i lts when an auditor finds a deviation from 116B.610)	misstatements in the financial		tion to the aud	lit's
las a reserve study ev	ver been conducted?	lo			
	eserve study was performed (Mo./da				
	cialist who conducted study:			ation #:	
las the hotel unit own	ner performed its annual review of th	he reserve study pursuant	to NRS 116B.610 (1)		
		0	- NDC 11(D (10/1)	□ Yes	
tas the notel unit own	her made the necessary adjustments a	after the review pursuant	to NKS 110B.010(1)	(c)?	n No
same of person complet	ting this form (print):		Title:		
	Print name:				
			mation provided		
	Authorized person signing is attestin	g to the accuracy of the info	mation providea.		

-1-

667

Summary: Registration Forms

- Form 603: Initial Registration, may be emailed.
- Form 562: Annual Registration, may be emailed.
- Form 623: Registration Filing Addendum, may be emailed.
- Form 609: Reserve Study Summary: may be emailed.
- Form 602: Certification of Board Members, retain for association records and do not send to the Division.



Knowledge Check

True or False: Certification of Board Members (Form 602) must become a record of the association for 6 years.







Knowledge Check Answer

False: Certification of Board Members (Form 602) must become a record of the association for 10 years.



Knowledge Check

Along with the Annual Association Registration form, the association must submit payment of the per unit fee of \$_ _____









Knowledge Check Answer

Along with the Annual Association Registration form, the association must submit payment of the per unit fee of \$4.25.




True or False: Form 609 is used for the initial registration of an association.









Knowledge Check Answer

False, Form 603 is used for the initial registration of an association. Form 609 is the Reserve Study Summary Form.





 Alternative Dispute Resolution (ADR). ADR Subsidy Form. Intervention Affidavit (IA). • CAM complaint Form. RSS Complaint Form.

Alternative Dispute Resolution (Form 520)

e Claimant will be responsible to e Claimant's 520 claim form. Th
laimant will receive in the mail
ning letter (keep this letter for yo the non-refundable \$50.00 fili Services Form n must be filled out by the perso n <u>MUST</u> be notarized and return tet cannot be served by anyone a
from the packet are required to b ew, Form 523 claim that was processed, Form 5 ponse, Form 521 sidy Application, Form 668
isted more than one Respondent of ket, so that each Respondent can
of Service will have to be notari 38.350(2)(a) – The Affidavit of a snowledge that all forms listed cnowledge that if the claim is n inistrative Code (NAC) 38.350 cnowledge if the Affidavit of Se frame set forth by Nevada Adr ority to close the claim. <u>How s</u> vada Corporation: Service shall g agent or resident agent. Howey d in Rule 4 of the Nevada Rules of n-Nevada Corporation: Service anaging agent, business agent, ca cretary of State in the manner de s (scept service upon a person e respondent personally, or by lee e age and discretion then residing ted by appointment or by law to r are not possible because of the <u>Diligence</u> can be provided to th te respondent(s), the Division w orts to participate in the ADR p
"Service by Publication" is not
soonse, sidy A isted n ket, sc of Sec 38.3: anowl inistr cnowl frame ority vada (ager d in R; n-Nev vada (ager d in R; s (exc crear) e age a e resp e age a e resp e age a for the Diligo to the the the the the the the the the the

SERVING THE CLAIM

have the Respondent(s) served within 45 days from the date the he packet will contain instructions on how to serve the claim

will contain

our records) ing fee (keep for your records).

n that serves the claim. ed to the Division within 10 days of the claim being served. ssociated with the claim.

e served

20

on the Claim Form (520). The Claimant will be responsible to make be served.

ized and submitted for each Respondent listed on the Claim Form

Service MUST be submitted to the Division within 10 days of being

above will be served pursuant to NRS 38.320.

not served within the timeframe set forth by Nevada (1), the claim will be closed.

ervice (AOS) is not submitted to the Division within the ninistrative Code (NAC) 38.350 (2)(a), the Division has the

service must be made:

be made upon the president or other corporate head, secretary, ver, if this is not possible, then upon the Secretary of State in the of Civil Procedure.

shall be made upon the agent designated for service of process, in shier, or secretary within this State. However, if this is not possible, scribed in Rule 4 of the Nevada Rules of Civil Procedure.

of unsound mind, or upon a city, town or county): Service shall aving copies at his dwelling house or usual place of abode with some therein, or by delivering a copy of the summons and complaint to eceive service of process

absence from the state or inability to locate the respondent: An he Division. If the Division determines adequate efforts were will provide a letter to the claimants acknowledging their program.

t a valid form of service for the ADR Program.

Page 3 of 4

wing is a listing of the Mediators and Referees for the Alternative Dispute Resolution program. Before m ction, you may view the resumes of the Modiators and Referees, and their location availability. wing is a usung or the mediators and keterees for the Alternative Dispute Resolution p etion, you <u>may view the resumes of the Mediators and Referees, and their location avai</u> your sela If the parties do not agree on the selection of Mediator or Referee, the Division will assign a Mediator/Referee at random

random. This is a requirement, please indicate the Mediator/Referee by initialing next to the party selected. MEDIATOR LISTING Dee Newell, JD* REFEREE LISTING Eric Dobberstein, Esq.* Janet Trost, Esq.* Henry Melton* Janet Trost, Esq.* Malcolm Doctors

NORTHERN NEVADA MEDIATOR LISTING

Paul H. Lamboley, Esq.

Revised 1/21/2022

REFEREE LISTING Paul H. Lamboley, Esq.

* Mediator/Referee available for virtual proceedings for Northern Nevada residents.

Once a claim has been received and processed by the Division an opening packet will be mailed out to the mailing address provided on page 1 of this form. This packet will include instructions on the next step in this process (serving the claim).

Submit the required forms and documents to:

Nevada Real Estate Division ADR Facilitator 3300 West Sahara Avenue, Ste. 350 Las Vegas, NV 89102

Page 4 of 4

520

Alternative Dispute Resolution (Form 520)

- ADR Form 520 is used for for for parties with a dispute involving the interpretation, application, or enforcement of the governing documents or the procedures for increasing or decreasing the assessments.
 - Prior to submitting Form 520, please read
 Form 523, which outlines the ADR process and the required steps.
- The claimant must completely fill out and acknowledge all applicable boxes on Form 520.



OFFICE O	F THE OMBUDSMAN FO 3300 W (702) 48	R COMMON-INTERE est Sahara Avenue, Suite 35	USTRY – REAL ESTATE DIVISION ST COMMUNITIES AND CONDOMINIUM HO 0, Las Vegas, Nevada 89102 9-9907 / Fax: (702) 486-4520	TELS
	ALTERNATIVE	DISPUTE RESOL	UTION (ADR) CLAIM FORM	
Date:		Signatu	are of Claimant:	
*Only one clai	mant per claim form is a	llowed for tracking p	urposes.	
Claimant:				
*If individual, p			order to verify that you are a Unit Owner. If an Association s on the <u>Secretary of State's website</u> .	ı, provide
Law Firm and	Attorney (if applicable):			
	Please provide the name	of the law firm and the nam	e of the attorney. An attorney is not required.	
Mailing Addres	ss.			
Maning Maares	55:	Street and number, city, s	state, and zip code	
			Email Address:	
Respondent:				
*If individual,	provide full name. If an Associa	ation, provide COMPLETE	Association name as it appears on the <u>Secretary of State's</u> nt Form 520B if there is more than one Responder	
Mailing Addres	ss:			
		Street and number, city, s	state, and zip code	
Phone Number	: Fa	x Number:	Email Address:	
PL	EASE SELECT YOUR M	TETHOD OF RESOLU	JTION: Mediation Referee Program*	
**If all			excluded from the Referee Program. fully subsidized by the Division, if funds are availab	le.
Yes No	Has the above-listed Clai	mant filed an Intervent	ion Affidavit (Form 530) regarding the same or	similar
	issues? If yes, provide	the file number(s):		
INITIAL INITIAL IF APPLICABLE	I acknowledge that if an I the same issues, by filing Intervention Affidavit pu	Intervention Affidavit (an ADR claim; the Di rsuant to NAC 116.630		the
	If the Referee Program is mediation.	selected, and the Resp	ondent choses Mediation, the claim will default	to

Form 520, continued

- When filing an ADR claim, please write our your explanation of the violation, identify the section of the governing documents, and initial the form.
 - When submitting a claim, be sure to submit a \$50 filing fee using a check, cash, or money order payable to "NRED."
 Submit a subsidy form 668.
- Indicate whether you would prefer mediation or referee.
 - Indicate your preferred mediator or referee.





Address of unit related to this claim:

- Your explanation must start below. You may attach additional pages, if more space is needed. Please, do not write "SEE ATTACHMENT" in the space below IT IS NOT ACCEPTABLE.
- If this claim is being filed based on a referral from the Intervention process, please ensure that you explain the issue below. Do not refer to your original complaint.

IDENTIFY THE SECTION OF GOVERNING DOCUMENTS PERTAINING TO THE DISPUTE:

In order for the claim to be considered filed, the following must be submitted, if applicable.

Please indicate that you acknowledge and will follow through with completing each of the items below. Initial that the following steps have been completed:

INITIAL	
	Forms:
	One (1) Original Claim Form (Form 520)
	Two (2) copies of the Claim Form and supporting documents
	 Supporting documents may be provided directly to the Mediator or Referee once assigned and are not required with this Claim Form. Should you choose to submit your documents, you must submit three (3) copies of the supporting documents.
	NONREFUNDABLE Filing Fee of \$50.00 payable to "NRED" in the form of:
	Cash (exact change; please do not mail cash)
	• Check
	Money Order
	I acknowledge that the Subsidy Application will ONLY be accepted and reviewed prior to the claim being assigned to a Mediator or Referee.
INITIAL IF APPLICABLE	
	ADR Subsidy Application for Mediation (Form 668). Subsidy is awarded based on the following:
	<i>For a Unit Owner</i> , once during each fiscal year of the State for each unit owned. <i>For an Association</i> , once during each fiscal year of the State for each unit located within each
	individual association. Association must be "in good standing" with Secretary of State and Office of the Ombudsman.
	I acknowledge that the Claimant will <u>NOT</u> be applying for Subsidy for this claim.

ADR Additional Respondent Form (Form 520B)

- If there are additional Respondents, list them on the Additional Respondent Form (Form 520B). Provide a brief statement of the facts giving rise to the dispute and the relevant provisions of the governing documents at issue.
 - Additional respondents are each required to be served copy of the documents. An affidavit must be submitted to the Division for each individual.



STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY REAL ESTATE DIVISION OFFICE OF THE OMBUDSMAN FOR OWNERS IN COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS

3300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102 (702) 486-4480 * Toll free: (877) 829-9907 E-mail: CICOmbudsman@red.nv.gov http://red.nv.go

ALTERNATIVE DISPUTE RESOLUTION (ADR) ADDITIONAL RESPONDENT FORM

This form should only be used in conjunction with Form #520 - ADR Claim Form

Date:	8°			
Church	://nvsos.gov/sos)	Claimant (if Homeowner, must be	e owner of record)	
iled on behalf of the Association, provide the	Association's Entity Number as it appears of	n the Secretary of State's website	0	
Respondent:		#		
If individual provide full name. If Association	, provide COMPLETE Association name and	Entity Number as it appears on the S	ecretary of State's web	osite
Contact Address:				
Street		City	State	Zip Cod
Contact Phone:	Fax:	E-Mail:		
Respondent:		#		
If individual provide full name. If Association	provide COMPLETE Association name and	Entity Number as it appears on the S	ecretary of State's web	osite.
Contact Address:				
Street		City	State	Zip Coc
Contact Phone:	Fax:	E-Mail:		
Respondent:		#		
If individual provide full name. If Association	, provide COMPLETE Association name and	Entity Number as it appears on the S	ecretary of State's web	osite.
Contact Address:				
Street		City	State	Zip Coo
Contact Phone:	Fax:	E-Mail:		
Respondent:		#		
If individual provide full name. If Association	, provide COMPLETE Association name and	Entity Number as it appears on the S	ecretary of State's web	osite.
Contact Address:				
Street		City	State	Zip Coo
Contact Phone:	Fax:	E-Mail:		
·	For office use on	ly:		
Provide surface	Chinamhan	Determinet		
Receipt number:	Claim number:	Date received:		
vised: 03/13/12				520B

ADR Subsidy Form (Form 668)

- The parties must submit a Subsidy Application for Mediation (#668) at the time of filing a Claim Form(#520) or a Response Form (#521) with the Division.
- Unit owners may receive a subsidy once during each fiscal year of the State for each unit owned.
 - An association may receive one subsidy each fiscal year against the same unit owner for each unit owned by that unit owner.



	RTMENT OF BUSINE UDSMAN FOR COMM 3300 West Sahar	ON-INTERES a Avenue, Suite 350 oll free: (877) 829-9	STRY - REAL ESTATE D	IVISION CONDOMINIUM HOTELS
LTERNATIVE DISI	PUTE RESOLUTIO	ON (ADR) S	UBSIDY APPLICAT	ION FOR MEDIATION
exceed \$500 per Mediation,	to the extent that funds	are available. S		not exceed \$250.00 per side not include, but are not limited to, the rties.
te Form is Completed:	C	aim Number:		
is form is being complete e above-indicated party is	d on behalf of] Claimant] Unit Owner	Respondent	
	500		e claim is filed in refere	
			dress involved in this clai	server and the server of the s
it Owner's Name:				
it Address:		1.5	2. C.12.	
(h) (h)		10 m	he primary unit address i	nvolved in this claim.
staat Information for a	he Party Anniving for	Subside		
ntact Information for th	ie ranty Applying for	Subsidy.		
	ie ranty Applying for	100 A 200 D 200 T 200 A		
me:w Firm and Attorney N				
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me:w Firm and Attorney N ntact Address: ntact Phone:	ame (if applicable): Fax Number:			
me:	ame (if applicable): Fax Number: tents: confirming your claim to be approved, the claim	was filed withi	Email Address:	tte of discovery of the issue(s)
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me:	ame (if applicable): Fax Number: nents: confirming your claims to be approved, the claims claim form. nt's Acknowledgments is denied, I acknowledge dge that the Subsidy app a Mediator/Referee. eccived a subsidy during ber: Cl ments: iation in "Good Standir iation is "Not in Good Standir iation is "Not in Good Standir	was filed withi form must be fil to a I will be respondent plication will <u>C</u> g the State's cu- aimant Name: ag" with both the Standing" with fill be denied.	Email Address: in one year of discovery. led within 1 year from the do onsible for the cost of the <u>DNLY</u> be accepted and re urrent fiscal year? (The fis Unit Add he Office of the Ombudsr	tte of discovery of the issue(s) Mediation. viewed prior to the claim being scal year is July 1 – June 30) ress: nan and the Secretary of State?

Revised 5/1/2020

Form 668

ADR Respondent Form (Form 521)

- Respondents must review all documents 0 served upon them.
 - Respondents are required to file with the Division a completed Respondent Form (#521) within 30 days after service and mail a copy to the Claimant.
 - Respondents should provide a brief statement of his/her defense to the allegations made by Claimant.
 - Note that the claimant may choose to ignore this request.

The following is a listing of the Mediators and Referees for the Alternative Dist your selection, you may view the resumes of the Mediators and Referees, and th

- · If the parties do not agree on the selection of Mediator or Referee, the D
- This is a requirement, please indicate the Mediator/Referee by initiali

MEDIATOR LISTING

Dee Newell, JD* Eric Dobberstein, Esq.* Henry Melton*

Janet Trost, Esq.*

Malcolm Doctors

MEDIATOR LISTING

Paul H. Lamboley, Esq.

* Mediator/Referee available for virtual proceedings for Northern Nevada residents

process (serving the claim).



DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS

ALTERNATIVE DISPUTE RESOLUTION (ADR) RESPONDENT FORM

Please review the ADR Overview, Form 523, prior to completing this form.

NOTE: Referee and arbitration decisions are public records and will be published on the Division's website. Parties that participated in a referee hearing or arbitration resulting in a decision can request, in writing, to the Division to have their dentifying information (name, address, phone number) redacted from the decision that is published

Date:	î î î	Signature of Respondent or Attor	ney:	
Claim N	umber:	tom of the Claim Form		
Respond				
		an Association, provide COMPLETE Ass		
		y; attach Additional Claimant F	orm 520B if there is more the	an one Respondent
Law Fin	n and Attorney (if appli	cable): Provide the name of the law fit	rm and the name of the attorney. An a	ttorney is not required.
Contact	Address:	ber, city, state, and zip code		
Contact	Phone:	Fax Number:	Email Address:	
	PLEASE SELECT	YOUR METHOD OF RESOLU elected to participate in the Referee I submitted to Mec	TION: Mediation Refer	ee Program*
	I have read and I mailed a copy the Claim Form	agree to the policies stated in the . of this Respondent Form and any s mailed:	supporting documents to the C	Claimant at the address on
		e mediator/referee identified by th		laim Form
ative Dispute Resolution program. Before making	Mediator/Refere	ee listed on Claim Form:		
ees, and their location availability. eree, the Division will assign a Mediator/Referee at		the mediator/referee identified by the mediator/referee at random.	the Claimant on page 4, theref	ore I agree to have the
by initialing next to the party selected.		For office use	only	
<u>DA</u>	a:	Claim Number:	Date Received	:
REFEREE LISTING Janet Trost, Esq.*	020	Page 1 of	2	Form 521
<u>DA</u>				
REFEREE LISTING				

Once a claim has been received and processed by the Division an opening packet will be mailed out to the mailing address provided on page 1 of this form. This packet will include instructions on the next step in this

Submit the required forms and documents to:

SOUTHERN NEVADA

NORTHERN NEVADA

Nevada Real Estate Division **ADR Facilitator** 3300 West Sahara Avenue, Ste. 350 Las Vegas, NV 89102

ADR Arbitration Claimant and Respondent Form (Form 532)

- If ADR mediation was unsuccessful, participating parties may complete form 532 in order to continue to arbitration.
- Parties may participate in either binding or non-binding arbitration.
- Unlike mediation, arbitration is not subsidized by NRED. Parties will bear the cost for arbitration.





Initials

Responden

STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS 3300 West Sahara Avenue, Suite 350, Las Vegas, Nevada 89102 (702) 486-4480 / Toll free: (877) 829-9907 / Fax: (702) 486-4520 E-mail: <u>CICOmbudsman@red.nv.gov</u> / <u>http://red.nv.gov</u>

ALTERNATIVE DISPUTE RESOLUTION (ADR) ARBITRATION CLAIMANT AND RESPONDENT FORM

Pursuant to NRS 38.330(2) "Before commencing a civil action in the proper court, the parties named in the claim may agree to arbitration if the parties have participated in mediation in which an agreement was not obtained or if a written decision and award have been issued pursuant to <u>NRS 38.325</u>. Unless the parties agree in writing to binding arbitration, nonbinding arbitration is the default.

Acknowledgments	
I have participated in the ADR mediation program in which an Agreement was not obtained. I acknowledge that if an ADR claim (Form 520) has not	Claima
been filed with the Division regarding this dispute, the Division will not proceed with facilitating the Arbitration process pursuant to NRS 38.330 (2).	
Please identify the ADR Claim Number:	
I agree to participate in Arbitration:	
(A) By initialing, I agree to participate in Binding Arbitration.	
(B) By initialing, I agree to participate in Non-Binding Arbitration.	
I acknowledge that unless the parties agree in writing to Binding Arbitration	
the Arbitration is Non-Binding, pursuant to NRS 38.330 (2).	

I acknowledge that each party is responsible for the Arbitration costs and fees. No subsidy will be awarded by the Division.

- Arbitrators may not bill more than \$300 per hour pursuant to NRS 38.330(2).
- Arbitrators may require a deposit from both parties.

I acknowledge that a Waiver of Service must be submitted to the Division at the time of application.

o Refer to the Waiver of Service Instructions for further information.

I acknowledge that this joint form must be filled out by both parties in its entirety prior to submittal to the Division. If both parties have not completed their portion and signed, the Division will not proceed with facilitating the Arbitration process.

	For Office Use Only	
Claim Number:	Date Received:	Processed by:
ised 06/29/2022	Page 1 of 7	532

Intervention Affidavit and Statement of Fact Forms





Intervention Affidavit (Form 530)



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STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUCTOR

REAL ESTATE DIVISION

3300 West Sahara Avenue, Suite 325, Las Vegas, NV 89102 (702) 486-4480 / Toll Free: (877) 829-9907 / Fax: (702) 486-4520 cicombudsman@red.nv.gov / https://red.nv.gov



 You are required to provide a brief description, per allegation, per page (reprint this page for each separate alleged violation). Only the first allegation is required to be notarized.

 Do not write "See Attached". If additional space is needed, please use a separate sheet. If "See Attached" is written in any section below, your complaint will not be processed and will be considered incomplete.

 Each allegation MUST have its own supporting documentation (Example: Exhibit 1 for allegation #1), which must be placed directly behind the allegation. Do not submit any documents double sided.

If you provide video or audio via a USB drive or another electronic format, you MUST indicate the time stamp, which identifies
the alleged violation, and where the Division should start viewing.

Pursuant to Nevada Revised Statutes 116.760(4), the Commission or a hearing panel may impose an administrative fine of not more than \$10,000 against any person who knowingly files a faise and fraudulent Affidavit with the Division.

ALLEGED VIOLATION: Allegation #_____ Briefly describe the allegation that occurred. NRED must be able to understand what allegedly took place. <u>Do not</u> list/cite statutes, regulations, or governing documents sections in this space.

RECOMMENDED CORRECTIVE ACTION: (Within the board's or the Division's authority)

SUPPORTING LAW AND/OR GOVERNING DOCUMENTS: (Cite subsections of NRS/NAC 116 and/or governing documents)

e foregoing Affidavit consisting of page the best of my knowledge and belief. me: mature:	(including all additional attached pages), and it is true State of Nevada County of Subscribed and sworn before me on by
State: Zip Code: Email: d deliver the complated Affidavit package to: NRED, OFFICE OF THE OMBUDSMAN 3300 W SAHARA AVE., SUITE 325	(Name(s) of person(s) making statement) (Notary Stamp) (Signature of Notarial Officer)
LAS VEGAS, NV. 89102 and fax submissions will not be accepted. Is packet for yourself before submission as copies from NRED cannot be provided. Page	2 of 2 Form 5

Intervention Affidavit (Form 530), continued

- Intervention Affidavit Form 530 is used for complaints regarding NRS/NAC116 rules, included but not limited to:
 - The election process
 - Records Access
 - Meeting Notifications
 - Financial Process
 - Fines
- The form has a 1-year statute of limitations and may not be emailed or faxed.



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	STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY REAL ESTATE DIVISION	
	3300 West Sahara Avenue, Suite 325, Las Vegas, NV 89102 (702) 486-4480 / Toll free: (877) 829-9907 / Fax: (702) 486-4520	
	CICOmbudsman@red.nv.gov / https://red.nv.gov	
	Intervention Affidavit (Form 530)	
Th	e statements immediately below must be met before filing this Affidavit. Please verify that you have met each	
	uirement by INITIALING each box. As the aggrieved party, you are attesting you:	
		INITIALS
1.	Understand that this Affidavit cannot be filed more than 1 year after you discovered or reasonably should have discovered the alleged violation (if more than 1 year, you cannot file this Affidavit).	
	Date alleged violation took place:	
2.	Have mailed to the Respondent's last known address, allowing at least 10 business days, a certified return receipt requested notice, specifying in reasonable detail:	
	(a) all alleged violations, which are identical to the allegations listed on the Affidavit	
	(b) any actual damages suffered; and	
	(c) any corrective actions proposed	
2	Have provided with this Affidavit a copy of the notice with the certified return receipt from the post office	
	stapled to it.	
4.	Have included on this form all allegations listed in the certified notice and understand that any allegation not	
	identically listed on both the notice and Affidavit will not be addressed by the Division.	
5.	Have in lieu of a notice, sent certified with return receipt requested, the Intervention Affidavit. 🗌 Yes 🗌 No	
	If yes, the certified receipt has been stapled to the Affidavit. Identify exhibits sent:	
6.	Before filing this Affidavit, have provided the Respondent with at least 10 business days to address/correct the alleged violation(s) of NRS/ NAC 116 and/or the governing documents, and all other reasonable efforts to resolve allegation(s) have failed.	
7.	Have listed only one alleged violation on page 2 and included the applicable labeled attachments (Exhibits) behind each alleged violation (use a separate page 2 for each alleged violation).	
8.	I understand once the Affidavit is submitted, the Division cannot provide me with a copy of my submittal	
Ha	ve spoken with Ombudsman staff before filing the Affidavit. 🗌 Yes 🗌 No 🛛 If yes, name:	
	ve filed an ADR claim or litigation involving the same allegation(s). Yes No If yes, case number:	
ст	ATE OF NEVADA COUNTY OF DATE:	
31.	(Complainant), after being first duly sworn, state under penalty of p	wines and
	ed upon personal knowledge have been aggrieved by an alleged violation of Chapter 116 of the Nevada Revised Statut ministrative Code, or the governing documents of the Association.	es, Nevada
	The person or entity who committed the alleged violation and who was sent the required certified letter or certified Al	fidavit is (if
	multiple, list each Respondent):	
2.	The Respondent(s) role in the community:	
3.	The name of the Association where the alleged violation took place:	
	The Association's Secretary of State (SOS) Business ID Number:	
	SOS Look-up: https://esos.nv.gov/EntitySearch/OnlineEntitySearch	

NRS 116.760

Intervention Affidavit (Form 530), continued

When completing the form:

- Only one allegation per page 2.
- The Form 530 must be notarized.
- If multiple page 2 copies are submitted, only the first page two needs to be notarized.
- Form must be either hand delivered to the Las Vegas office or mailed using USPS.



STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY REAL ESTATE DIVISION 3300 West Sahara Avenue, Suite 325, Las Vegas, NV 89102

(702) 486-4480 / Toll free: (877) 829-9907 / Fax: (702) 486-4520 CICOmbudsman@red.nv.gov / https://red.nv.gov

- You are required to provide a brief description, per allegation, per page (reprint this page for each separate alleged violation). Only the first allegation is required to be notarized.
- 2. Each allegation must have its own supporting documentation (Example: Exhibit #1 for allegation #1), which must be placed directly behind the allegation. Do not submit any documents printed double-sided.
- If you provide video or audio via a USB drive or another electronic format, you MUST indicate the time stamp, which identifies the alleged violation, and where NRED should start viewing.
- 4. Do not write "See Attached." If additional space is needed, please use a separate sheet. If "See Attached" is written in any section below, your complaint will not be processed and is incomplete.

Pursuant to Nevada Revised Statutes 116.760 (4) The Commission or a hearing panel may impose an administrative fine of not more than \$10,000 against any person who knowingly files a false or fraudulent Affidavit with the Division.

ALLEGED VIOLATION: Allegation # _____ Briefly describe the allegation that occurred. NRED must be able to understand what allegedly happened. Do not list/cite statutes, regulations, or governing documents sections in this space.

RECOMMENDED CORRECTIVE ACTION (Within the board's or NRED's authority):

SUPPORTING LAW AND/OR GOVERNING DOCUMENTS:

I have read the foregoing Affidavit consisting of	pages (including all additional attach	ed pages), and it is true and
Complainant Name:	State of Nevada Cou	nty of
Complainant Signature:	Subscribed and sworn befo	ore me on by
Street Address:		
City: State: Zip Code:	(Name(s) of person(s) mak	king statement)
Phone: Email:	(Notary Stamp)	Signature of Notarial Officer
Mail or hand-deliver the completed Affidavit package to NRED, OFFICE OF THE OMBUDSMAN 3300 W. SAHARA AVE., SUITE 325, LAS VEGAS, NEVADA 89102 Email and fax submissions will not be accepted. Retain a copy of this packet for yourself before submission a from NRED cannot be provided.		
Revised 9/1/2021	Page 2 of 2	Form 53

NRS 116.760

Complaint received by Ombudsman's Office.

Complainant receives a confirmation from the Division upon submission of the packet (if the complaint is sent by mail).

Once under review, a request may be sent to the respondent by the Division for information and documentation. Once all requested information is received, a recommendation is made to the Ombudsman regarding the outcome.













Statement of Fact (Form 51

- This form is used when a complainant alleges that a Community Manager (CAM) violated their Standards of Practice, as outlined in NRS 116A.630.
- This is a 2-page form, be sure to fill it out in its entirety.

4	a)

STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY REAL ESTATE DIVISION 3300 West Sahara Avenue, Suite 350, Las Vegas, NV 89102 (702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520 E-mail: <u>CICOmbudsman@red.nv.gov</u> <u>http://www.red.nv.gov</u>

STATEMENT OF FACT AGAINST A COMMUNITY MANAGER (#514a)

Statements 1 through 4 cited below must be met prior to filing this Statement of Fact. Please verify that you have met the requirements by initialing in each box. As the aggrieved party, you:

1. Have sent the allegations of misconduct in writing to the <u>Community Manager</u> in an attempt to resolve the issue **before** filing a complaint with the Division and provided proof of the written communication in the form of an e-mail or letter. The written communication must include all allegations that you request the Division to consider for possible investigation.

 Have waited at least 12 working days for the Community Manager to acknowledge and respond in writing to the alleged violation(s).

B. Have listed only one (1) alleged violation per page and have included applicable attachments (Exhibits) behind each such page. You must provide all supporting documentation with the complaint.

If you are a tenant, you must have had the complaint approved (written communication) by the unit's owner without the use of a Power of Attorney.

Please indicate whether you have spoken to a staff representative from the Ombudsman's Office to understand which specific provision of NRS or NAC 116 may have been violated. **Yes No** If yes, name:

Please Print or Type

Your Name:		
Your complete physical address:		
Unit Address, if different:		
Email Address:		
Home Phone:	Business Phone:	

Name of Community Manager the complaint is against:
Name of Management Company:
Address of Management Company:
Management Company Telephone No.
Name of the Association:
Legal action pending pertaining to the allegations filed? Yes No If so, what action?
Alternative Dispute Resolution (ADR) claim filed? Yes No If so, what date & claim#:

Statement of Fact (Form 514a,) continued

330 V (702) 486 E-mail: CIC S CACAINST A Statements 1 through 4 cited below must b the requirements by initialing in each b 1. Have sent the allegations of m issue before filing a complain form of an e-mail or letter. Th Division to consider for possi 2. Have waited at least 12 worki the alleged violation(s). 2. Have listed only one (1) alleg behind each such page. You m 4. If you are a tenant, you must b	hisconduct in writing to the <u>Community Manager</u> in a the written Division and provided proof of the written be written communication must include all allegation ble investigation. Ing days for the Community Manager to acknowledge ed violation per page and have included applicable at must provide all supporting documentation with the c have had the complaint approved (written communic Attorney.	erify that you have met an attempt to resolve the a communication in the s that you request the ge and respond in writing to ttachments (Exhibits) complaint. ation) by the unit's owner	Please comp largely upon relevant to th You are requ Sta pla pla pla Wh you Rev ALLEGED
specific provision of NRS or NAC 116 ma Please Print or Type Your Name:	to a staff representative from the Ombudsman's Offic ay have been violated. Yes No If yes, nam	ne:	ATTACHM etc. specific t
Unit Address, if different: Email Address: Home Phone: Name of Community Manager the comp Name of Management Company: Address of Management Company: Management Company Telephone No. Name of the Association: Legal action pending pertaining to the all	Business Phone: laint is against: legations filed?YesNo If so, what action? aim filed?YesNo If so, what date & claim		 The Divition the regard of the considert investigation the considert investigation the construction of
Revised 05/18/18	Page 1	514a	Revised 05/

STATE OF NEVADA DEPARTMENT OF RUSINESS AND INDUSTRY REAL ESTATE DIVISION 3300 West Sahara Avenue, Suite 350, Las Vegas, NV 89102 (702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520 E-mail: CICOmbudsman@red.nv.gov http://www.red.nv.gov

the following information concerning your complaint. The Division's ability to investigate the matter will depend providing a complete and detailed sworn statement. Attach all pertinent copies of papers and/or documents mplaint to this form. It is advised that you retain a copy of this packet for yourself prior to submission.

to (initial each box after completion):

e (1) alleged violation, with a brief description, per page (reprint this page for each separate alleged violation). egation must include its own supporting documentation (Exhibit #1 for allegation #1, and so on), which must be irectly behind the allegation prior to submitting this package.

ompleting the sections below, DO NOT write "See Attached." If "See Attached" is written in the sections below mplaint will not be processed.

ed NAC 116A.350 prior to filing this complaint.

LATION # : (To the point, state the alleged violation.)

LAW AND/OR GOVERNING DOCUMENTS: (List the applicable laws and/or sections of governing documents.)

IS: (List the types of documents marked as Exhibits, i.e., budget, notice of violation, governing document provisions, e alleged violation cited above.)

CONSIDER THE FOLLOWING CAREFULLY

a is not empowered to compel anyone to accede to demands of any kind. We cannot force refunds of any kind. In we suggest that you seek private counsel to protect your interests, as we are not authorized to give legal advice. any civil action you might be considering regarding this matter.

Division determine that a case warrants opening against the Community Manager, an investigation will be initiated. time may be required to complete our investigation. You will be advised of the disposition of this matter when the is completed. Also, it may be necessary for you to appear and testify should this matter proceed to a hearing before sion for Common-Interest Communities.

er penalty of perjury under law of the State of Nevada that the foregoing attached statement consisting ges is true and correct.

(Date)

(Signature)

You can mail or hand-deliver the completed affidavit package to: NEVADA REAL ESTATE DIVISION OFFICE OF THE OMBUDSMAN COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS PROGRAM 3300 W. SAHARA AVE., SUITE 350, LAS VEGAS, NEVADA 89102 Email and fax sul ions will NOT be accept

Page | 2

514a

Form 514a checklist

- Prior to submitting the form make sure that you:
 - Have sent the allegations of misconduct in writing to the Community Manager in an attempt to resolve the issue before filing a complaint with the Division.
 - Have waited at least 12 working days for the Community Manager to acknowledge and respond in writing to the alleged violation.
 - Have listed only one (1) alleged violation per page and have included applicable attachments (Exhibits) behind each such page.
 - You must provide all supporting documentation with the complaint.





STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY REAL ESTATE DIVISION 3300 West Sahara Avenue, Suite 350, Las Vegas, NV 89102 (702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520 E-mail: <u>CICOmbudsman@red.nv.gov</u> <u>http://www.red.nv.gov</u>

STATEMENT OF FACT AGAINST A COMMUNITY MANAGER (#514a)

Statements 1 through 4 cited below must be met prior to filing this Statement of Fact. Please verify that you have met the requirements by initialing in each box. As the aggrieved party, you:

1.	Have sent the allegations of misconduct in writing to the <u>Community Manager</u> in an attempt to resolve the issue before filing a complaint with the Division and provided proof of the written communication in the
	form of an e-mail or letter. The written communication must include all allegations that you request the Division to consider for possible investigation.

2.	Have waited at least 12 working days for the Community Manager to acknowledge and respond in writing to
	the alleged violation(s).

 Have listed only one (1) alleged violation per page and have included applicable attachments (Exhibits) behind each such page. You must provide all supporting documentation with the complaint.

. If you are a tenant, you must have had the complaint approved (written communication) by the unit's owner without the use of a Power of Attorney.

Please indicate whether you have spoken to a staff representative from the Ombudsman's Office to understand which specific provision of NRS or NAC 116 may have been violated. **Yes No** If yes, name:

Please Print or Type

2000	
Your Name:	
Your complete physical address	
Unit Address, if different:	
Email Address:	
Home Phone:	
Name of Management Company	he complaint is against:
	ny:
	ne No.
Name of the Association:	
Legal action pending pertaining	to the allegations filed? Yes No If so, what action?
Alternative Dispute Resolution (ADR) claim filed? Yes No If so, what date & claim#:

Complaint Against a Reserve Study Specialist (Form 514b)

 Forms used when a complainant alleges that a Reserve Study Specialist (RSS) violated their Standards of Practice, as outlined in NAC 116A.425.



STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY REAL ESTATE DIVISION

3300 W. Sahara Ave., Suite 325 * Las Vegas, Nevada 89102 (702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520 E-mail: CICOmbudsman@red.nv.gov http://red.nv.gov

COMPLAINT AGAINST A RESERVE STUDY SPECIALIST

Please Print or Type Your Name:			
Home Phone:	Email:		
Address:			
(Street)	(City)	(State)	(Zip)

Please complete the following information concerning your complaint. The Division's ability to investigate the matter will depend largely upon you providing a complete and detailed sworn statement. <u>ATTACH ALL PERTINENT</u> COPIES OF PAPERS AND/OR DOCUMENTS TO THIS FORM. KEEP ORIGINALS FOR YOUR FILE.

Name of Reserve Study Specialist complaint is against:			
Name of Reserve Study Company:			
Address of Reserve Study Company:			
Telephone No. of Reserve Study Company			
Is any legal action pending? Yes□ No□ If so, what action?			
Has an Alternative Dispute Resolution (ADR) claim been filed? Yes	No	If so, what date:	

CONSIDER THE FOLLOWING CAREFULLY

- The Division is not empowered to compel anyone to accede to demands of any kind. We cannot compel
 refunds of any kind. In this regard, we suggest that you seek private counsel to protect your interests, as we
 are not authorized to give legal advice.
- Do not delay any civil action you might be considering regarding this matter.
- Should the Division determine that a case warrants opening against the Reserve Study Specialist, an
 investigation will be initiated. Considerable time may be required to complete our investigation. It may be
 necessary for you to appear and testify should this matter proceed to a hearing before the Commission for
 Common-Interest Communities.

To start the process, you must:

- 1. Provide to the Division proof of written communication with the Reserve Study Specialist.
- The written communication must include all allegations that you request the Division to consider for possible investigation. The written communication may be in the form of an e-mail, facsimile or letter.
- Allow the Reserve Study Specialist a minimum of twelve (12) business days to respond before filing a complaint with the Division.
- 4. Provide copies of all documentation that supports the allegation(s) against the Reserve Study Specialist.

I declare under penalty of perjury under law of the State of Nevada that the foregoing attached statement consisting of _____ pages is true and correct.

Executed on _

(Signature)

Revised: 10/10/16

Page 1 of 3

514b

Statement of Facts (Form 514B), continued

 Forms used when a complainant alleges that a Reserve Study Specialist (RSS) violated their Standards of Practice, as outlined in NAC 116A.425.



STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY REAL ESTATE DIVISION

3300 W. Sahara Ave., Suite 325 * Las Vegas, Nevada 89102 (702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520 E-mail: CICOmbudsman@red.nv.gov http://red.nv.gov

COMPLAINT AGAINST A RESERVE STUDY SPECIALIST

Please Print or Type Your Name:			
Home Phone:	Email:		
(Street)	(City)	(State)	(Zip)

Please complete the following information concerning your complaint. The Division's ability to investigate the matter will depend largely upon you providing a complete and detailed sworn statement. <u>ATTACH ALL PERTINENT</u> COPIES OF PAPERS AND/OR DOCUMENTS TO THIS FORM. KEEP ORIGINALS FOR YOUR FILE.

Name of Reserve Study Specialist complaint is against:	
Name of Reserve Study Company:	
Address of Reserve Study Company:	0
Felephone No. of Reserve Study Company	
s any legal action pending? Yes No If so, what action?	
Has an Alternative Dispute Resolution (ADR) claim been filed? Yes□ No□ If so, what date:	

CONSIDER THE FOLLOWING CAREFULLY

- The Division is not empowered to compel anyone to accede to demands of any kind. We cannot compel
 refunds of any kind. In this regard, we suggest that you seek private counsel to protect your interests, as we
 are not authorized to give legal advice.
- Do not delay any civil action you might be considering regarding this matter.
- Should the Division determine that a case warrants opening against the Reserve Study Specialist, an
 investigation will be initiated. Considerable time may be required to complete our investigation. It may be
 necessary for you to appear and testify should this matter proceed to a hearing before the Commission for
 Common-Interest Communities.

To start the process, you must:

(Date)

- 1. Provide to the Division proof of written communication with the Reserve Study Specialist.
- 2. The written communication must include all allegations that you request the Division to consider for possible
- investigation. The written communication may be in the form of an e-mail, facsimile or letter.
 Allow the Reserve Study Specialist a minimum of twelve (12) business days to respond before filing a complaint with the Division.
- 4. Provide copies of all documentation that supports the allegation(s) against the Reserve Study Specialist.

I declare under penalty of perjury under law of the State of Nevada that the foregoing attached statement consisting of _____ pages is true and correct.

Executed on ____

(Signature)

Revised: 10/10/16

Page 1 of 3

514b

Form 514b, continued

STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY REAL ESTATE DIVISION 3300 W. Sahara Ave., Suite 325 * Las Vegas, Nevada 89102 (702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520 E-mail: CICOmbudsman@red.nv.gov http://red.nv.gov

COMPLAINT AGAINST A RESERVE STUDY SPECIALIST

Please Print or Type Your Name:				
Home Phone: Address:	Email:			
(Street)	(City)	(State)	(Zip)	-

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Name of Reserve Study Specialist complaint is against:			
Name of Reserve Study Company:			
Address of Reserve Study Company:			
Telephone No. of Reserve Study Company			
Is any legal action pending? Yes No If so, what action?			
Has an Alternative Dispute Resolution (ADR) claim been filed? Yes	No	If so, what date:	

CONSIDER THE FOLLOWING CAREFULLY

- The Division is not empowered to compel anyone to accede to demands of any kind. We cannot compel
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Executed on	1
	(Date)

(Signature)

514b

Revised: 10/10/16

Page 1 of 3

Revised: 10/10/16

Page 2 of 3

EXPLAIN FULLY: (Describe events in the order in which they happened, if possible. Please includ and all applicable statutes. You must begin describing the events on this sheet. You can attach addit needed. <u>SEE ATTACHMENT IS NOT ACCEPTABLE</u>. AGAIN, YOUR EXPLAINATION M ON THIS SHEET. IF YOU NEED ADDITIONAL SPACE, YOU CAN ATTACH ADDITION.



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AL SHEETS.	

NAC 116A.435 Grounds for disciplinary action; criteria for determining unprofessional conduct and professional incompetence. (NRS 116A.200, 116A.420, 116A.430)

1. A reserve study specialist is subject to disciplinary action if the reserve study specialist:

- (a) Commits any of the following:
- Unprofessional conduct;
- (2) Professional incompetence;
- (3) Gross negligence; or
- (4) A felony or any offense involving moral turpitude; or

(b) Has ever had a permit, license or designation from a nationally recognized professional organization that authorizes him or her to act as a reserve study specialist in another jurisdiction revoked or suspended.

2. A reserve study specialist commits an act of unprofessional conduct if the reserve study specialist:

- (a) Violates the provisions of:
- (1) An order of the Commission;
- (2) An agreement with the Division; or
- (3) Chapter 116, 116A or 116B of NRS or any regulation adopted pursuant thereto;

(b) Engages in deceitful, fraudulent or dishonest conduct, including, without limitation, knowingly communicating false, misleading or fraudulent information to a client;

(c) Submits a registration which contains a false statement of material fact;

(d) Fails to cooperate with the Division in the investigation of a complaint, including, without limitation, failure to produce any document, book or record in the possession or control of the reserve study specialist after the Division requests the production of such document, book or record in the course of investigating a complaint;

(e) Fails to perform impartially and consistently an activity that is lawful and properly authorized on behalf of a client or fails to perform a duty or obligation owed to a client because of the age, race, color, religion, national origin, disability, marital status, familial status, sex, sexual orientation or ethnicity of any person, including, without limitation, a member of the executive board, an officer of the association or a unit's owner; or

(f) Exceeds the authority granted to him or her by the client.

3. A reserve study specialist commits an act of professional incompetence if, without limitation, the reserve study specialist:

(a) Demonstrates a significant lack of ability, knowledge or fitness to perform a duty or obligation owed to a client; or

(b) Fails to exercise reasonable skill and care with respect to a duty or obligation owed to a client.

4. In determining whether a reserve study specialist has committed unprofessional conduct or professional incompetence, the Commission and the Administrator may consider, without limitation, whether the reserve study specialist has:

(a) Done his or her utmost to protect the public against misrepresentation or unethical practices relating to the reserve study;

(b) Made reasonable efforts to acquire knowledge of all pertinent facts concerning a client, including, without limitation, all material facts regarding the reserve study that are reasonably ascertainable and are of customary or express concern to the client, and conveyed that knowledge to the client;

(c) Provided or attempted to provide to a client services for which the reserve study specialist does not have the appropriate knowledge or experience;

(d) Complied with the disclosure requirements of <u>NAC 116A.430</u>;

(e) Complied with the client's applicable governing documents, policies and procedures as they relate to a reserve study;

- (f) Kept informed of current statutes and regulations relating to common-interest communities;
- (g) Acted in the best interest of the client;

(h) Ensured that each agreement for services of the reserve study specialist was in writing; and

(i) Obtained all changes of contractual terms in writing and ensured that such changes are signed or initialed by the parties concerned.

(Added to NAC by Comm'n for Common-Interest Communities & Condo. Hotels by R145-06, eff. 4-17-2008; A by R164-09, 5-5-2011; R050-13, 8-10-2015)

514b

Revised: 10/10/16

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514b

Request for Record of Complaints Against Community Managers/Reserve Study Specialists (Form 780) For Division Use Only: Date Request Received:

- Form 780 is used for a request for public records.
 - Use form only 780 if you wish to know whether a complaint has ever been filed against a CAM or an RSS with the Division.
 - Form may be emailed to RecordRequests@red.nv.gov.



Nevada Real Estate Division



Received by

Date Request Completed:

Completed by:

STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS

3300 West Sahara Avenue, Suite 350 Las Vegas, NV 89102 (702) 486-4480 / Toll free: (877) 829-9907 / Fax: (702) 486-4520

REOUEST FOR RECORD OF COMPLAINTS: COMMUNITY MANAGER/RESERVE STUDY SPECIALIST

Requestor Information:		
Name:		
Address:		
Phone Number:	Email:	
Fax Number:	Other:	
Reason for Request:		
Requestor License Number ((if applicable):	
Subject of Request – Comm	unity Manager/Reserve Stud	v Specialist Information
Name:		License Number:
Name of Company:		
Please submit one form per lic	ensee.	
		RS 116A.260. If you require information ou will be required to obtain a court order.
	ive working days to complete t ase contact the Ombudsman's of	this request. If you have not received a office at 702-486-4480.
have read and understand the	foregoing information regard	ing my request.
Signature of Requestor:		Date:
Revised 5/12/2022	Page 1 of 1	Form 780

Additional Complaint Forms

PUS YOUR delails

Auto not sure about to tell us about your of have

Ombudsman Intervention Reopening Affidavit Form (Form 605)

- This form is used for requesting there opening of an intervention case previously filed with the Office of the Ombudsman for Owners in Common-Interest Communities, pursuant to Nevada Revised Statute ("NRS") 116.760.
- The documentation submitted in support of the reopening of the case must present new and/or additional information regarding the issues presented in the original intervention sufficient to warrant further exploration.





STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS

3300 W. Sahara Ave., Suite 325 * Las Vegas, Nevada 89102 (702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520 E-mail: <u>CICOmbudsman@red.nv.gov</u><u>http://red.nv.gov</u>

OMBUDSMAN INTERVENTION AFFIDAVIT REOPENING REQUEST STATE OF NEVADA

COUNTY OF

Date:

I,_____, after being first duly sworn, state under penalty of perjury and based upon personal knowledge:

 I have been aggrieved by an alleged violation of Chapter 116 of the Nevada Revised Statutes or Nevada Administrative Code:______, respondent(s).

2. The Homeowners Association involved in this intervention request is:

Name of the Homeowners Association:

Name of President or contact for the Homeowners Association:

Address for the Homeowners Association:

Phone number for the Homeowners Association (President or other contact):

3. Provide a concise statement of the new and/or additional facts regarding the issues presented in the original intervention. You must indicate how the new and/or additional information correlates with the original alleged violation(s). You may include additional pages. However, the phrase "See Attachment" is *not* acceptable and does not satisfy your obligation to provide the Division with a concise statement of the facts.

Revised: 04/08/05

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605

Ombudsman Intervention Reopening Affidavit Form (Form 605)

STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS

> 3300 W. Sahara Ave., Suite 325 * Las Vegas, Nevada 89102 (702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520 E-mail: CICOmbudsman@red.nv.gov http://red.nv.gov

OMBUDSMAN INTERVENTION REOPENING AFFIDAVIT FORM AND INSTRUCTION PAGE

The purpose of this information page is to help you understand the process for requesting the reopening of an intervention case previously filed with the Office of the Ombudsman for Owners in Common-Interest Communities, pursuant to Nevada Revised Statute ("NRS") 116.760.

- 1. The original intervention Affidavit must have satisfied all statutory requirements, as stated in NRS 116.760 and administered by the Real Estate Division ("Division").
- 2. The documentation submitted in support of the reopening of the case must present new and/or additional information regarding the issues presented in the original intervention sufficient to warrant further exploration.
- 3. When completing question #3 of the reopening request, you must provide a concise statement of the facts constituting the alleged violation. You may include additional pages. However, the phrase "See Attachment" is not acceptable and does not satisfy your obligation to provide the Division with a concise statement of the facts.
- 4. The Ombudsman Intervention Affidavit Reopening Request must be completed in its entirety and notarized, prior to submission to the Office of the Ombudsman.
- 5. The Division highly recommends submitting your Affidavit by certified mail, return receipt requested, as the Division cannot be held responsible for lost or misdirected mail.

STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS

> 3300 W. Sahara Ave., Suite 325 * Las Vegas, Nevada 89102 (702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520 E-mail: CICOmbudsman@red.nv.gov http://red.nv.gov

	OMBUDSMAN	INTERVENTION	AFFIDAVIT	REOPENING	REQUEST
STATE	OF NEVADA				

COUNTY OF

Date:

, after being first duly sworn, state under penalty of perjury and based upon personal knowledge:

- 1. I have been aggrieved by an alleged violation of Chapter 116 of the Nevada Revised Statutes or Nevada Administrative Code: , respondent(s).
- 2. The Homeowners Association involved in this intervention request is:

Name of the Homeowners Association:

Name of President or contact for the Homeowners Association:

Address for the Homeowners Association:

Phone number for the Homeowners Association (President or other contact):

3. Provide a concise statement of the new and/or additional facts regarding the issues presented in the original intervention. You must indicate how the new and/or additional information correlates with the original alleged violation(s). You may include additional pages. However, the phrase "See Attachment" is not acceptable and does not satisfy your obligation to provide the Division with a concise statement of the facts.

Revised: 04/08/05

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Revised: 04/08/05

Page 2 of 3



STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS

3300 W. Sahara Ave., Suite 325 * Las Vegas, Nevada 89102 (702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520 red.nv.gov http://red.nv.gov

_pages (including all additional attached pages), and it is true and correct to the best of my knowledge and belief.

	(Signature)		
	Name		
	Address		
	Area Code	Phone	
Subscribed and sworn to before me This day of, 20 NOTARY PUBLIC			
Revised: 04/08/05	Page 3 of 3		605

Resale Package Overcharge Form (Form 910)

- A unit's owner or his or her authorized agent shall, at the expense of the unit's owner, furnish to a purchaser a resale package.
 - The contents and price caps of items in a resale package are outlined in NRS 116.4109.
- If a unit owner has been overcharged for the resale package, they may submit Form 910.
 - Be sure to include the receipts in your complaint.



Nevada Real Estate Division

STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY REAL ESTATE DIVISION

3300 West Sahara Avenue, Suite 350, Las Vegas, NV 89102 (702) 486-4480 *Toll free: (877) 829-9907 *Fax: (702) 486-4520 E-mail: <u>CICOmbudsman@red.nv.gov</u> https://www.red.nv.gov

RESALE PACKAGE OVERCHARGE FORM

Effective July 1, 2021, this form can be submitted if you, as a unit owner, have been overcharged for an association Resale Package. YOU <u>MUST</u> ATTACH A COPY OF THE ITEMIZED RECEIPT, SHOWING ACTUAL AMOUNTS PAID, IN ORDER FOR THIS FORM TO BE PROCESSED. It is advised that you submit this form as soon as overcharges are realized. In preparing and providing resale documents, an association may not charge ANY fees that exceed these amounts:

DOCUMENT/ACTION	CHARGED (NRS 116.4109 & 116.3102)	AMOUNT ACTUALLY CHARGED
	CHARGED (<u>NRS 116.4109</u> & <u>116.2102</u>)	
Resale Certificate	\$202.16 (+ \$100 to expedite)	Expedite fee charged (if applicable)
	isatisfied judgments or pending legal actions agains e of a unit, and all current and expected fees or charg	
Demand Statement	\$180.31 (+ \$100 to expedite)	Expedite fee charged (if applicable)
ets forth the amount of month rom the selling unit's owner.	hly assessment needed for common expenses and any	y unpaid obligation of any kind currently due
Opening/Closing a File	\$382.47	\$ Expedite fee charged (if applicable)
he governing documents, incl	actual cost the association incurs to open or close a luding transfer fees, inspection fees, processing fees, ents do not fall under this cap.	
Charges for any other opy, form or service	Examples: Convenience fee, HWD Access & Archive Fee, Final Inspection Fee, etc.	Expedite fee charged (if applicable)
	rules and regulations; a copy of the current operatin ry of the reserves; and the "Before You Purchase1	
TOTAL:	\$764.94 (add additional \$200.00 for expedited docs)	\$
	n annual basis by a percentage equal to the percentage er association (if applicable) have the authority to ch	
t Owner Name:		
	Email:	

Date Resale Package was provided:

(Date)

Executed on

This form is only accepted by mail or walk-in

Summary: Complaint Forms

- Form 520: ADR form, must be hand delivered or physically mailed to NRED. Form 668: ADR Subsidy, attach to ADR complaint form 520. • Form 521: ADR Respondent form, may be mailed or hand delivered to
- NRED.
- Form 530: Intervention Affidavit, must be hand delivered or physically mailed to NRED.
- Form 514a: Statement of Facts against CAMS, must be hand delivered or physically mailed to NRED.
- Form 514b: Statement of Facts against CAMS, must be hand delivered or physically mailed to NRED.





Which form should be used for filing a complain regarding an alleged violation of NRS/NAC 116?

- A. Form 520
- B. Form 514A
- C. Form 530
- D. Form 592







Which form should be used for filing a complain regarding an alleged violation of NRS/NAC 116?

Answer: C, Form 530







True or False: The Intervention Affidavit Form 530 may be emailed to the Nevada Real Estate Division.







False: The Intervention Affidavit Form 530 may **NOT** be emailed to the Nevada Real Estate Division.







Form links







https://red.nv.gov/Content/Forms/All/

Before we move on to the Q&A session, I'd like to remind everyone that we are here to provide general information and guidance. We cannot give legal advice, interpret the law, or provide opinions on individual circumstances.

The purpose of this Q&A session is to help clarify the material covered in today's class. Please keep your questions focused on understanding and the application of the statutes, regulations, and CC&Rs relevant to your roles within your community.

For specific legal concerns or individual issues, please consult with a qualified attorney.









THANK YOU









ANDREI TCACENCO & DRE ANDERSON EMAIL: CICOMBUDSMAN@RED.NV.GOV