

## INTERVENTION AFFIDAVIT (Form 530)

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

1. Are filing this complaint not later than 1 year after you discovered or reasonably should have discovered the alleged violation. Date alleged violation took place: \_\_\_\_\_
2. Have mailed to the Respondent's last known address **a certified letter, return receipt requested**, specifying in reasonable detail: all alleged violations, any actual damages suffered, and any corrective actions proposed. A copy of this letter and the certified return receipt from the post office must be attached to this form. Any and all allegations included in the certified letter must also be included on this form. Any allegation **not** indicated will **not** be considered by the Division.
3. Have provided the Respondent with at least 10 business days to correct the alleged violation(s) pursuant to the governing documents or NRS and NAC 116. All other reasonable efforts to resolve the allegation(s) must have failed prior to filing this Intervention Affidavit.
4. Have stated only one alleged violation per page and have included applicable attachments (Exhibits) behind each such page. It is advised that you make a copy of this package for yourself prior to submission.

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: \_\_\_\_\_

STATE OF NEVADA

COUNTY OF: \_\_\_\_\_ DATE: \_\_\_\_\_

I, \_\_\_\_\_, (Complainant), after being first duly sworn, state under penalty of perjury and based upon personal knowledge have been aggrieved by an alleged violation of Chapter 116 of the Nevada Revised Statutes, Nevada Administrative Code or the governing documents of the association.

1. The person or entity who committed the alleged violation and who was sent the required certified letter is (if multiple, list each Respondent):

\_\_\_\_\_

2. The Respondent or respondents role in the community:

\_\_\_\_\_

3. The Homeowners Association involved in this Intervention Affidavit is:

\_\_\_\_\_

4. List the Association's Secretary of State (SOS) Business ID Number \_\_\_\_\_

To locate SOS ID Number go to the [Secretary of State website](#).

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  
E-mail: [CICOmbudsman@red.nv.gov](mailto:CICOmbudsman@red.nv.gov) <http://www.red.nv.gov>

You are required to **state one** alleged violation, with a brief description, per page (reprint this page for each separate alleged violation). Each allegation must have its own supporting documentation (**Exhibit #1 for allegation #1**, and so on), which must be placed directly behind the allegation when submitting this package. **Do not write "See Attached." If "See Attached" is written in the sections below your complaint will not be processed.**

**ALLEGED VIOLATION:** (To the point, state the alleged violation.)

ALLEGED VIOLATION NUMBER:

**RECOMMENDED CORRECTIVE ACTION:**

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

**ATTACHMENTS:** (List the types of documents included, i.e., budget, notices of violation, governing document provisions, etc. specific to the alleged violation cited above):

I have read the foregoing Affidavit consisting of \_\_\_\_\_ pages (including all additional attached pages), and it is true and correct to the best of my knowledge and belief.

Signature of Complainant \_\_\_\_\_  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_ NOTARY PUBLIC

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 325, LAS VEGAS, NEVADA 89102**

**Email and fax submissions will not be accepted**

**It is advised that you retain a copy of this packet for yourself prior to submission.**