

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)

The statements immediately below must be met before filing this Affidavit. **Please verify that you have met each requirement 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
3. 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.

Have spoken with Ombudsman staff before filing the Affidavit. Yes No **If yes, name:**

Have filed an ADR claim or litigation involving the same allegation(s). Yes No **If yes, case number:**

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 or certified Affidavit 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:
4. The Association's Secretary of State (SOS) Business ID Number:

SOS Look-up: <https://esos.nv.gov/EntitySearch/OnlineEntitySearch>

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1. 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.
3. 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 \$1,000 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 attached pages), and it is true and correct to the best of my knowledge and belief.

Complainant Name:

State of Nevada County of

Complainant Signature:

Subscribed and sworn before me on _____ by

Street Address:

(Name(s) of person(s) making statement)

City: State: Zip Code:

(Notary Stamp) Signature of Notarial Office

Email:

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 as copies from NRED cannot be provided.