



Fleur de Lis Homeowner Association  
**HOMEOWNER INFORMATION PACKET**

Information provided is for the exclusive use of the Fleur de Lis Homeowner Association and will not be given away or sold for any other purpose.

Welcome to FirstService Residential! Please complete and return this form to the email address, mailing address or onsite office at the bottom of this page. This will ensure that management has the correct information for contacting you regarding your property.

**NEVADA SERVICEMEMBERS CIVIL RELIEF ACT**

If you are a service member, or the dependent of a service member, you may be entitled to certain protections under the Nevada Servicemembers Civil Relief Act (“NVSCRA”). Subject to specific exceptions, the NVSCRA provides that an association may not initiate the foreclosure of a lien by sale if the unit’s owner, or his or her successor in interest, is a servicemember or a dependent of a servicemember during any period that the servicemember is on active duty or deployment or for a period of one year immediately following the end of such active duty or deployment.

If you are a servicemember or the dependent of a servicemember, please check the box below, fill out the contact information, and return this form to Fleur de Lis Homeowner Association.

I am eligible for protection under the NVSCRA because I am a service member, or a dependent of a servicemember, currently on active duty or deployment or in the period of one year immediately following the end of such active duty or deployment.

Unit Owner’s Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Servicemember’s Name: \_\_\_\_\_

Servicemember’s Date of Birth (required): \_\_\_\_\_

Current or Anticipated ACTIVE DUTY dates: \_\_\_\_\_

Current or Anticipated DEPLOYMENT dates: \_\_\_\_\_

***If you are a service member, or a dependent of a service member, or a successor in interest of a service member, you may be entitled to certain protections in collection activity pursuant to Nevada Senate Bill 33, which became effective on May 29, 2017.***

***Service member*** – member of the U.S. Armed Forces, a reserve component thereof, or the National Guard.

***Active Duty*** – full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 USC §§ 1209 and 1211.

***Deployment*** – movement or mobilization of a service member from his or her home station to another location for more than 90 days pursuant to military orders.

***Dependent*** – (a) the service member’s spouse; (b) the service member’s child (as defined in 38 USC §101(4)); or (c) an individual for whom the service member provided more than one-half of the individual’s support for 180 days immediately preceding an application for relief under 50 USC Chapter 50.

## NEVADA EMPLOYEES CIVIL RELIEF ACT

If you are a federal worker, tribal worker, state worker, or a household member or landlord of such a worker, you may be entitled to certain protections under Assembly Bill 393 (referred to hereafter as the Nevada Employees Civil Relief Act, or “NECRA”). Subject to specific exceptions, NECRA provides that an association may not initiate the foreclosure of a lien by sale if the unit’s owner, or his or her successor in interest, is a federal worker, tribal worker, or state worker, or a household member or landlord of such a worker during the period commencing on the date on which an applicable shutdown begins and ending on the date that is 90 days after the date on which the shutdown ends.

If you are a federal worker, tribal worker, or state worker, or the household member or landlord of such a worker, please check the appropriate box below, fill out the contact information, and return this form to Fleur de Lis Homeowner Association.

I may be eligible for protection under the NECRA because I am a:

- federal worker
- tribal worker
- state worker
- household member
- landlord of such a worker

Unit Owner’s Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Federal, Tribal, or State Worker’s Name: \_\_\_\_\_

Relationship to the Federal, Tribal, or State Worker: \_\_\_\_\_

***The following definitions apply under the NECRA:***

*“Federal worker” means an employee of a federal agency or an employee of a contractor who has entered into a contract with a federal agency. “Household member” means any person who is related by blood, marriage, adoption or other legal process and is currently residing with a federal worker, tribal worker or state worker affected by a shutdown. “Qualified Indian tribe” means a federally recognized Nevada Indian tribe that receives at least a majority of its funding from the Federal Government. “Shutdown” means any period in which there is a lapse in appropriations for a federal or state agency or tribal government that continues through any unpaid payday for a federal worker, state worker or tribal worker employed by that agency or tribal government. “State worker” means an employee of a state agency or an employee of a contractor who has entered into a contract with a state agency. “Tribal worker” means an employee of a qualified Indian tribe or an employee of a contractor who has entered into a contract with a qualified Indian tribe.*

**INFORMATION AND PROPERTY RELEASE**

As the owner of record for the property located at \_\_\_\_\_ in the association of Fleur de Lis Homeowner Association, FirstService Residential has my permission to release the following item(s) to the authorized individual(s) outlined below, for this property until \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Check this box for no end date until otherwise notified in writing by owner**

**Authorized Individuals:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

- |   |  |
|---|--|
| _____ <b>Entry into the Gate System</b>     | _____ <b>Parking Passes</b>                    |
| _____ <b>Community Keys</b>                 | _____ <b>Visitor Tags</b>                      |
| _____ <b>Gate Remote/Card</b>               | _____ <b>Non-Compliance Issues</b>             |
| _____ <b>Assessment Account Information</b> | _____ <b>**Billing/Mailing address changes</b> |

**\*\*DISCLAIMER - Authorizing others, including individuals or business entities, to change billing/ mailing addresses may result in a billing/ mailing address change without owner notification. When a billing/ mailing address change is initiated, all correspondence, including violations, agendas, election materials (ballots), etc., will be mailed to the new address provided. It is the responsibility of the recipient to provide all correspondence to the owner of the unit.**

***The above fields must be initialed by the homeowner or the information/property will not be released. The form must be signed by the homeowner prior to release of information and/or property listed above.***

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

## GATE ENTRY INFORMATION

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

Property Address: \_\_\_\_\_

Name as you wish for it to appear on gate directory: \_\_\_\_\_

Please check this box if you do not wish to have your name in the directory

Phone number\* at residence (allows visitor access): \_\_\_\_\_

*\*Must be a 775 area code number for gate system to call*

Mailing Address: \_\_\_\_\_

**4 Digit Numeric Code:** \_\_\_\_\_ **2<sup>nd</sup> Code for Guests:** \_\_\_\_\_

*From the keypad, you will enter # first then your numeric code. We recommend that you contact the Association once a year to change your code.*

**Gate Clicker Request:** \_\_\_\_\_ *(\$40 per gate transmitter non-refundable fee)*

*You may request a gate transmitter in addition to your selected numeric code for gate control.*

*Please make checks payable to "Fleur de Lis Homeowner Association". Upon selling your home, you may choose to sell/pass on the gate transmitter to the new owner as long as the new owner completes their own gate form to update their numeric code for access. Refunds will not be given for gate transmitter.*

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Guest Communication:** *From the keypad, a guest can scroll through the directory to find a homeowner name and press the Call button or enter the 3 digit directory code of the homeowner to directly call the residence. The system will dial the programmed number at that time. You would answer your phone like any call.*

### OFFICE USE ONLY

Lot #: \_\_\_\_\_ Gate: \_\_\_\_\_

Transmitter Issued: \_\_\_\_\_

Date Assigned & Programmed: \_\_\_\_\_

Staff Signature when complete: \_\_\_\_\_

NOTES: \_\_\_\_\_