

**2021 RESALE DISCLOSURE REQUEST
SUMMERLIN NORTH COMMUNITY ASSOCIATION**

Date: _____

PLEASE ALLOW 10 DAYS FOR PROCESSING

Dear Association:

I am in the process of selling my property at _____. Because I am the seller of a property within a common-interest community I understand that Nevada Revised Statutes, Chapter 116.4109 requires me to make available certain documents to prospective purchasers. In order that I may comply with NRS 116.4109 I am requesting that the Association provide me with the documents listed below within 10 days (the time allowed by law) of receipt of this request form. I understand that I will be charged a fee of **\$50.00 (CHECK OR MONEY ORDER ONLY)**, per applicable association, payable upon pick-up of the documents. *(If the documents are to be mailed, the fee must be included with this request.)*

Owner Name (Please Print)

Owner Signature (Required)

Phone

- ◆ NRS 116.41095, Subsections 1-7
- ◆ Governing Documents of the Association
- ◆ Statement of monthly assessments for common expenses and any unpaid balance currently due on the seller's property
- ◆ Current operating budget and reserve budget
- ◆ Reserve study summary
- ◆ Most recent audit
- ◆ Most recent financial statement
- ◆ Statement of Unsatisfied Judgements and Pending Legal Actions
- ◆ Statement of fees and charges

I will take delivery of the Resale Package by (Must select one):

If no option is selected you will be provided with a USB Flash Drive

PICK UP IS NOT AVAILABLE AT THIS TIME

SUMMERLIN NORTH DOES NOT EMAIL OUR RESALE PACKETS

YOU MUST FILL IN THE MAILING ADDRESS, PACKETS WILL BE SENT VIA US MAIL

***USB Flash Drive Now Available (No additional cost) * Hard Copy – Paper Package**

Mail to the address below: *(priority mailing fee of \$5.00 must be pre-paid)*

Name

Address

City

State

Zip

**PLEASE E-MAIL, FAX, OR MAIL TO:
NORTH.RESALE@HOWARDHUGHES.COM
2120 SNOW TRAIL, LAS VEGAS, NEVADA 89134
TELEPHONE (702) 838-5500 FAX (702) 256-2585**

OFFICE USE ONLY

Request Received On: _____ Package Completed On: _____ Contacted: _____

Package Received by: _____ Date: _____ Check #: _____

Signature