

2023 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

***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)**

Pick-up at North office *(you will be contacted when the package is ready):*

Name

Contact Name

Address

Phone

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