

IN THE JUSTICE COURT OF INCLINE VILLAGE-CRYSTAL BAY TOWNSHIP
WASHOE COUNTY, NEVADA

Owner's Name: _____
Business Name: _____
Agent's Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
E-Mail: _____

Case No.: _____
Dept. No.: _____

**LANDLORD'S
AFFIDAVIT/COMPLAINT FOR
SUMMARY EVICTION**

☐ Nuisance/Waste/Assigning/Subletting/
Unlawful Business/Controlled Substance
Violation

☐ Perform Lease Condition

☐ Tenancy-At-Will

☐ No Cause

Landlord,
vs.
Tenant's Name: _____
Tenant.

Landlord or Landlord's authorized agent states as follows pursuant to NRS 40.254:

1. I am the (check one box) ☐ owner or ☐ owner's agent of the rental premises located at (insert
rental's address, including city, state, zip) _____.

2. The tenancy started on (insert date) _____.

3. The tenancy is a (check one box) ☐ periodic month-to-month ☐ periodic week-to-week
☐ fixed-term with the tenancy ending on (insert date tenancy ends) _____
☐ tenancy-at-will or ☐ other (describe) _____.

4. Tenant has not complied with the terms of the rental agreement or with the obligations of
tenants set forth in Chapter 118A of the NRS as follows (describe tenant's violation):

5. Tenant was served with a written notice to quit on (insert date notice served) _____ in
compliance with NRS 40.280, and a copy of that notice is attached or submitted with this complaint.

6. I examined the rental property on (insert date you examined the property) _____ and Tenant
remained in possession. In addition, if Tenant was served with a Five-Day Notice to Perform Lease
Condition or Quit, Tenant did not perform that lease condition as of the date of my examination.

1 7. I ☐ do not ☐ do request to mediate this issue. *(Answer the following questions even if you*
2 *are not requesting mediation.)*

3 8. If sent to mediation, I prefer *(check one box)* ☐ an in-person mediation ☐ a telephonic
4 mediation ☐ a video-conference mediation.

5 9. The following individual has the authority to settle the case and would participate in
6 mediation if mediation proceeds: *(check all that apply)* ☐ myself ☐ other individual with authority:
7 *(write the names of all the individuals with authority who plan to be at the mediation)*

8 _____.

9 10. The mediator may contact me/the individual with settlement authority at the following.

10 Phone number: *(insert the best phone number for the mediator to make contact)*

11 _____ - _____ - _____

12 Email: *(insert the best email for the mediator to make contact)*

13 _____

14 Mailing Address: *(insert best mailing address for mediator to make contact)*

15 *(Street Address):* _____

16 *(City, State, Zip):* _____

17 11. Tenant ☐ is *not* ☐ is in default of rent. *(If tenant is not in default, move on to signature line of the form.)*

- 18 a. ☐ I am moving for an exemption from a stay of this case due to a realistic threat of
19 foreclosure. The following facts demonstrate that I am facing a realistic threat that the
20 rental property will be foreclosed upon unless I am able to evict the tenant *(describe what facts*
21 *that show threat of foreclosure):*

22 _____
23 _____

- 24 b. ☐ I am moving to rebut Tenant's affirmative defense regarding a pending rental
25 assistance application based on the following facts: *(describe what facts support your rebuttal to the*
26 *affirmative defense):*

27 _____
28 _____

1 12. Tenant (*check one box*) ☐ did *not* sign a written rental agreement, or ☐ did sign a written
2 rental agreement, and a copy of that agreement is attached or submitted with this complaint.

3 13. Tenant's rent (*check one box*) ☐ is *not*, or ☐ is subsidized by a public housing authority or
4 governmental agency, and a copy of the Housing Assistance Payment Contract (or "HAP") is attached or
5 submitted with this complaint and I have provided Southern Nevada Regional Housing Authority with a
6 copy of the eviction notice pursuant to 24 C.F.R. § 982.310(e)(2)(ii).

7 THEREFORE, Landlord asks the Court to enter an Order for Summary Eviction of Tenant.

8 I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true
9 and correct.

10
11 _____
(Date)

(Print your name)

(Sign your name)