Nevada Governor's Office of
ECONOMIC DEVELOPMENT

State of Nevada CRAG Program
Landlord Acknowledgement

Please review this document in its entirety. This document MUST be notarized.

[Applicant Information]

Applicant Name: _____

Business / Entity Name: _____

Business / Entity Address: _____

[Landlord Information]

Landlord Name and Title (if applicable): _____

Landlord Business Name (if applicable): _____

Landlord Email: _____

Landlord Phone: _____

Landlord Nevada State Business License Number: _____

Instructions:

This document must be completed in the presence of a notary. Review the follow statements and initial if true, then sign below.

Initial

☐ I understand and acknowledge that accepting funds from the CRAG Program administered by the State of Nevada requires me and/or my employer to not commence any eviction proceedings against applicant tenant within 90 days of receipt of CRAG funds.

☐ I understand and acknowledge that accepting funds from the CRAG Program administered by the State of Nevada requires me and/or my employer to cancel any existing eviction proceedings against applicant tenant.

☐ I have received and reviewed a sample copy of the grant agreement which I and/or my employer will be required to agree to and sign prior to receiving funds from the CRAG Program.

☐   I certify that I am acting on behalf of my employer _____ (leasing company) and have the legal authority to sign this document on the company's behalf.

I certify that the information and statements above are true and correct to the best of my knowledge. I understand that it is unlawful to knowingly make a false claim, a false statement, use a false of fictitious name, or obtain money or benefit under false pretenses. I understand these acts are a violation of the laws of the State of Nevada punishable by civil penalties, including repayment, and/or criminal penalties including up to a category D felony and six years in state prison. (NRS 357, NRS 205)

Landlord Name: _____   **Date**: _____

Landlord Signature: _____

When complete, please provide to applicant for uploading into the ZoomGrants CRAG Application Portal

FOR NOTARY USE ONLY

State of Nevada

County of _____

Signed and sworn to (or affirmed) before me on _____ (date) by _____ (name(s) of person(s) making statement).

_____ (Signature of notarial officer)