



**HOME MEANS NEVADA, INC.**  
*A Non-Profit Entity Established by the  
 State of Nevada, Department of Business and Industry*

**Board of Directors**

*President – Shannon Chambers  
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 Member at-large – Verise Campbell  
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**STATE OF NEVADA FORECLOSURE MEDIATION PROGRAM  
 WAIVER**

Pursuant to Nevada Revised Statute 40.437, you may elect to waive your right to mediation under the Nevada State Foreclosure Mediation Program. If you choose to waive your rights, you must sign this form and return it to Home Means Nevada, Inc. and the Attorney with the enclosed self-addressed stamped envelope.

HOMEOWNER'S FIRST NAME \_\_\_\_\_ HOMEOWNER'S LAST NAME \_\_\_\_\_

CO-OWNER'S FIRST NAME \_\_\_\_\_ CO-OWNER'S LAST NAME \_\_\_\_\_

PROPERTY STREET ADDRESS \_\_\_\_\_

PROPERTY CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**THE UNDERSIGNED HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I/WE ARE THE OWNER[S] OF THE REAL PROPERTY THAT IS SUBJECT OF THE PENDING FORECLOSURE AND OCCUPY THE REAL PROPERTY AS MY/OUR PRIMARY RESIDENCE. I/WE HEREBY CERTIFY THAT I/WE ELECT TO WAIVE MY/OUR RIGHTS UNDER THE FORECLOSURE MEDIATION PROGRAM AND DO NOT ELECT MEDIATION.**

Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Owner \_\_\_\_\_ Date \_\_\_\_\_

**Address:  
 Home Means Nevada, Inc  
 3300 West Sahara Ave Suite 480  
 Las Vegas, NV 89102  
 (702) 486-8180**

STATE OF \_\_\_\_\_ )  
 ) ss:  
 COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, a Notary Public, in and for said County and State, \_\_\_\_\_, known to me to be the persons described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that he/she executed the same freely and voluntarily and for the uses and purposes therein mentioned.

\_\_\_\_\_

NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE