**Exhibit NV-2a**

**Fax Header Clarification Form**

Utilize this form (only as a last resort) when the fax header information does not reveal conclusive

information that the fax came directly from the source.

**Be advised:** This clarification form is **not** intended to verbally clarify or verify any information other

than the fax header.

| Applicant/Resident Name: |       | Date: |       |
| --- | --- | --- | --- |

| [ ]  | Initial Certification | [ ]  | Recertification |
| --- | --- | --- | --- |

| Date of Expected Move-In: |       | Effective Date of TIC: |       |
| --- | --- | --- | --- |

| [ ]  | Phone Conversation | [ ]  | Person-to-person Conversation |
| --- | --- | --- | --- |

| [ ]  | Other: *(Please State Type)* |       |
| --- | --- | --- |

| Date of Clarification: |       |
| --- | --- |
| Contact Name: |       |
| Company/Organization: |       |
| Company Phone # |       |
| Company Fax # |       |

| Summary of Fax Header Clarification Requested: |
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| Explanation of Clarification Given: |
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| Signature of Employee | Title | Date |
| --- | --- | --- |