**Exhibit NV-2h**

**RECURRING GIFT VERIFICATION**

| Property Name: |  | Date: |  |
| --- | --- | --- | --- |

| Resident/Applicant Name: |  | Unit # |  |
| --- | --- | --- | --- |

| **THE FOLLOWING TO BE COMPLETED BY THE GIFT PROVIDER** |
| --- |

| Name: |  |
| --- | --- |

| Address: |  |
| --- | --- |

| Phone Number: |  |
| --- | --- |

| Relationship: |  |
| --- | --- |

| Gross Amount: |  | Frequency (weekly, monthly, etc.): |  |
| --- | --- | --- | --- |

| Purpose: |  |
| --- | --- |

|  |
| --- |

**Any expected changed in gift amount occurring within the next twelve (12) months?**  **Yes**  **No**

**If yes, please complete the following:**

| Date of Expected Change: |  | Gross Amount Change: |  |
| --- | --- | --- | --- |

| Signature of Provider: |  | Date: |  |
| --- | --- | --- | --- |

|  |
| --- |

**Note:** Tenant(s) may provide a photo copy of a valid ID for any person contributing cash gifts in lieu of Notary

I hereby certify that the information provided is true and complete to the best of my knowledge.

| Signature |  | Date |
| --- | --- | --- |

| Printed Name |
| --- |

| Signed and sworn to (or affirmed) before me this | (Notary Stamp) |
| --- | --- |

|  | day of |  | , 20 |  |
| --- | --- | --- | --- | --- |

| Notary Public for |
| --- |

|  | County, Nevada |
| --- | --- |