



SUBMIT FORM TO HUD

**Training Evaluation & Request for Certificate of Completion Form
Final Rule Effective January 31, 2010: Refinement of Income and Rent Rule and
Effective Use of the Enterprise Income Verification (EIV) System Training
For Administrators of Public Housing and Housing Choice Voucher Programs**

If you have viewed the January 28, 2010, Refinement of Income and Rent Rule and EIV training via webcast or satellite and wish to receive a **Certificate of Completion**, complete this form and email it to: PIH.RHIIP.TA@HUD.GOV. You will receive your certificate within ten weeks from the date of submission to HUD. The last day to request a certificate for this training session is **July 31, 2010**.

Select one response to each question.

- Yes No Have you watched or participated in EIV training prior to today?
- Yes No Do you have access to the EIV system?
- Yes No Did you find today's training beneficial?
- Yes No Was the length of time for this training session adequate?
- Yes No Was the trainer knowledgeable about the subject?
- Yes No Do you believe the information provided during the training session will be useful in your current job?
- Yes No Would you recommend this training to others?
- Yes No N/A If you had questions, were your questions answered?

I work in the following state (select one):

I am an employee of (select one):

If you have any comments/suggestions that you wish to share with HUD please provide below:

HUD cannot process handwritten, scanned or faxed forms. PHAs and PHA-hired management agents must enter the 5-digit PHA code without spaces or dashes. The first two characters are letters; the last three characters are numeric (i.e. PA001, TX453). HUD staff should enter HUD00 in the PHA code field.

Training Completion Date:

PHA Code		Telephone Number	
Email Address			

Please be sure to type all information correctly. Only list one mailing address. The below information will be printed on a mailing label to be used for mailing your certificates. The certificates will be mailed to the attention of the first person listed below (# 1). Do not include names on the mailing address lines.

Agency Name	
Mailing Address 1	
Mailing Address 2	
City, State, Zip Code	

Request certificate for up to 10 people. Please consolidate your agency's request for certificates.

List name as you want it to appear on the Certificate of Completion (Do not include Ms./Miss./Mrs./Mr.) If you include your middle initial, be sure to include a period after the initial.

1.	
2.	
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10.	

CLEAR FORM

SAVE FORM