



OFFICE OF PUBLIC AND INDIAN HOUSING
REAL ESTATE ASSESSMENT CENTER

Training Evaluation & Request for Certificate of Completion Form for Security Awareness, Initial and/or Updated Enterprise Income Verification (EIV) System Training

Webcast Air Date:

Webcast Title:

If you have viewed the Security Awareness, Initial, and/or Updated EIV System training webcast, and would like to receive a **Certificate of Completion**, complete this form and email it to: PIH.RHIIP.TA@HUD.GOV. The last day to request a certificate for this training session is

Certificates are available for **only** Public Housing Agencies (PHAs), PHA-hired Management Agents that administer a PIH rental assistance program, and HUD staff.

Upon successful processing of this request form, you will receive an email confirmation of the anticipated delivery date of certificate(s). Do **not** submit duplicate requests.

Select one response to each question.

1. Yes No Have you watched or participated in EIV training prior to today?
2. Yes No Do you have access to the EIV system?
3. Yes No Did you find today's training beneficial?
4. Yes No Was the length of time for this training too short?
5. Yes No Was the trainer knowledgeable about the subject?
6. Yes No Did you ask questions during or after participating in the training?
7. Yes No If you answered **Yes** to question 6, did the trainer answer your question(s)?

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

*Please be sure to type all information **correctly**. List only **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, "same as above", "none" or "Attention:" on the mailing address lines.*

HUD Staff Only: list HUD00 in the PHA Code field.

Handwritten, scanned, faxed, mailed, or incomplete forms will not be processed!			
PHA Code		Telephone Number	
Agency Name			
Mailing Address 1			
Mailing Address 2			
City, State, Zip Code			
Date of Completion			
Request certificate for a maximum of 10 people. Please consolidate your agency's request for certificates			
List name as you want it to appear on the Certificate (Do not include Ms./Miss./Mrs./Mr. or Titles) If you include your middle initial, be sure to include a period after the initial.			
Maximum of 35 characters. Check the spelling of all names before submitting to HUD!			
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