



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, DC 20410-5000

OFFICE OF PUBLIC AND INDIAN HOUSING

EIV Training Evaluation Form EIV System Training for HUD & PHA Personnel

Date: February 11-12, 2009

Location: HUD Headquarters/Webcast

- 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 the 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 If you had questions, were your questions answered?

What state is your PHA located in? List the state abbreviation in the box to the left.

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

Thank you for taking time to complete this voluntary evaluation form ☺
Please E-mail to PIH.RHIIP.TA@hud.gov or fax to (202) 401-1122



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, DC 20410-5000

OFFICE OF PUBLIC AND INDIAN HOUSING

Request for Certificate of Completion for Security Awareness and Enterprise Income Verification (EIV) System Training For Administrators of Public Housing and Housing Choice Voucher Programs

If you have viewed the February 11-12, 2009, EIV training via webcast or satellite and wish to receive a **Certificate of Completion**, complete this form and email to: PIH.RHIIP.TA@hud.gov. You will receive your certificate within four weeks. The last day to request a certificate is **August 31, 2009**.

By voluntarily completing and submitting this form to HUD, I certify that I have viewed the February 11-12, 2009, Security Awareness and EIV System training webcast and request to receive a certificate of completion.

**Please type all information*

Date of Request:		Date I Viewed Training:	
PHA Code: (e.g. DC451)	Public Housing Agency (PHA) or PHA Management Agent Name:		
Name to be printed on certificate:		Position Title:	
Address:			
Fax Number:		Phone Number:	
Email Address:			