



## MANAGEMENT AGENT CERTIFICATION OF ANNUAL LIHTC TRAINING

For Calendar Year 20\_\_\_\_

Name of Management Company: \_\_\_\_\_

LIHTC Training Designation (see [Training & Monitoring](#) for requirements): \_\_\_\_\_

Staff Member(s) Possessing LIHTC Training Designation: \_\_\_\_\_  
\_\_\_\_\_

Date of annual LIHTC Training: \_\_\_\_\_

Name of Nationally Recognized Trainer: \_\_\_\_\_

Name(s) of staff member(s) attending training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the previous calendar year, I hereby certify that the above-named management company was in compliance with New Hampshire Housing's LIHTC Training Requirements. At least one member of the Management Company's staff possesses one of the approved LIHTC training designations. In addition, at least one staff member has attended at least 6 hours of continuing education during the calendar year.

This Certification and any attachments are made UNDER PENALTY OF PERJURY.

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_