

Missouri Housing Trust Fund | Training Verification

Agency Name: _____

Grant Number: _____

Please check the following boxes to indicate that your agency has complied with the following:

I certify that:

- All individuals that work with the MHTF grant have watched and understand the content of the **Funded Training**.

- All individuals that work with the MHTF grant have watched and understand the content of the **Compliance Webinar**.

- All individuals that work with the MHTF grant have watched and understand the content of **Client File Training**.

- All individuals that work with the MHTF grant have watched and understand the content of the **Agency Form Training**.

- All individuals that work with the MHTF grant have read and understand the content of the **MHTF Desk Guide**.

Signature of Agency Representative

Date:

Title: _____ Phone: _____