

**SHERA Program  
Owner Compliance Training Certification**

**Owner Name:** \_\_\_\_\_

**Designated Management Agent Name (if applicable):** \_\_\_\_\_

**Note:** *Massachusetts housing authorities are not required to complete this certification*

**A. Demonstration of compliance experience**

**Check the answer that best describes your compliance experience**

- Manage with a property management company that is currently approved by MassHousing, MHP, or DHCD.

*Name of property management company* \_\_\_\_\_

- Self-manage with current HUD Form 2530 Previous Participation Certification

- Self-manage with a consultant with three years of compliance experience who has one of the approved compliance certifications checked below.

*Name of consultant* \_\_\_\_\_

- Self-manage with a staff person who has three years of compliance experience who has one of the approved compliance certifications checked below.

*Name of staff person* \_\_\_\_\_

**B. List of approved compliance certifications (check all that apply)**

- AHCP – Accredited Housing Compliance Professional – AHTCS
- C3P Tax Credit Certification – Spectrum
- COS – Certified Occupancy Specialist – National Center for Housing Management
- HCV – Housing Choice Specialist – Nan McKay
- HCCP – Housing Credit Certified Professional – US Housing Consultants
- MPHA – Massachusetts Public Housing Administrator – MassNAHRO
- SHCM – Specialist in Housing Credit Management – NAHMA
- TaCCs – NAHRO/Quadel
- Other certification title

Certification awarded by (name of organization): \_\_\_\_\_

Description or link to certification \_\_\_\_\_



**C. Authorized Signature**

\_\_\_\_\_  
Signature Date

Name \_\_\_\_\_

Title \_\_\_\_\_

