Community Service Acknowledgement and Self - Certification of Status

This form must be completed by each adult household member at leasing and recertification.

Applicant/Client Name:	Applicant/Client ID Number:	Last Four (4) Digits of Applicant/Client SS #:
Applicant/Client ID Address:		Unit No:

Instructions: Please check what applies to you and complete each section below

☐ **Move In/Leasing** - I am a new applicant. Please skip section A and complete section B.
☐ **Regular Recertification** - I am a current client. Please complete section A and B.
☐ **Interim Recertification** - I am a current client and changing my status. Please complete section A and B.

Section A - For the current recertification period of _____ to _____:

☐ I was not 18 years or older.
☐ I was exempt from the community service requirement.
☐ I was not exempt and I completed the community service requirement of 8 hours/month during the above period.
☐ I was not exempt and I did not complete the Community Service requirement. I will have to complete a **Cure Agreement**.

Section B - For the next recertification period of _____ to _____:

☐ I am 62 years of age or older.
☐ I will be turning 62 years of age during this recertification period. I am required to perform eight (8) hours of community service each month until the month I turn 62.
☐ I will be turning 18 years of age during this recertification period. I am required to perform 8 hours of Community Service each month after I turn 18, unless and until I claim and verify another exemption.
☐ I am blind or disabled and certify that I am unable to comply with the community service requirements.
  ☐ Disabled related need is obvious or otherwise known or resident is on SSI and certifies inability to comply with community service requirements (no additional verification required).
  ☐ Disabled related need is not obvious (verification of disability is required).
☐ I am the primary caretaker for a blind or disabled person which will not permit me to perform community service.
☐ I am employed and work at least 30 hours per week.
☐ I am in a work experience program for at least 30 hours per week.
☐ I am participating in an On-the-Job training program for at least 30 hours per week.
☐ I am participating in a vocational educational training program as a full time student.
☐ I am a full time student participating in a job skill training program directly related to employment.
☐ I provide childcare services to an individual who is participating in the community service program.
Name of Parent:_____Name of Child:_____
Address of Parent: _____Age of Child: _____
Phone # of Parent: _____ Child Services began: _____
☐ I am in compliance with the self-sufficiency requirements of TANF (Temporary Assistance for Needy Families) or GA (General Assistance).
☐ I believe I am exempt for another reason. (Please Specify)_____.
☐ I currently participate in the Family Self-Sufficiency Program (FSS).

If you have selected one (1) or more box(es) above, you are considered exempt. **YOU MUST ATTACH DOCUMENTS WHICH SUPPORTS YOUR EXEMPTION!** If you have not checked any of the box (es) above, you are considered Non-Exempt, **please check the box** and sign and date the form.

☐ I DO NOT MEET ANY OF THE ABOVE, I AM NOT EXEMPT AND I AM REQUIRED TO PERFORM 8 HOURS OF COMMUNITY SERVICE EACH MONTH.

I also agree that it is my responsibility, upon request of the Property Manager, to provide PHA with third party documentation that the requirement has been fulfilled, which PHA may verify at its discretion. I understand that the Community Service requirement will be binding until or unless I inform my housing manager that I am exempt from the requirement, and provide adequate documentation.

CERTIFICATION AND ACKNOWLEDGMENT

I certify that the information above is true and correct. I acknowledge that any falsification will disqualify my exemption and may lead to eviction proceedings. I have received a copy of, have read and understand the contents of the Authority's Community Service Policy. I understand that this is a requirement of the Quality Housing and Work Responsibility Act of 1998 and that if I do not comply with this requirement, the lease will not be renewed.

Title 18 Section 1001 of the United States Code states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States Government is guilty of a felony.

I have received and read the Community Service and Self-Sufficiency Requirement (CSSR). I understand that as a resident of public housing, I am required by law to contribute 8 hours per month (96 hours over the course of every 12 month period) of community service or participate in an economic self-sufficiency program. I further understand that if I am not exempt, failure to comply with the CSSR is grounds for lease non-renewal. I understand that I may submit a self-certification of compliance with the CSSR, and that my self-certification of compliance may be subject to validation with the organization for which I completed the required hours. My signature below certifies I received notice of this requirement.

_____	_____	_____
Name of Applicant/Client	**Signature of Applicant/Client**	**Date**