

COMMUNITY SERVICE and SELF SUFFICIENCY REQUIREMENT
FOR PUBLIC HOUSING RESIDENTS

According to law all household members 18 years of age or older must:

- Contribute and average of 8 hours per month of community service, or
- Participate in an economic self-sufficiency program for 8 hours per month, or
- Perform 8 hours per month of combined activities (community service and economic self-sufficiency program)

Exemptions include an adult family member who:

1. Is 62 years of age or older.
2. Is blind or disabled as defined under law and who is unable to comply with the community service requirement, or is primary caretaker of such an individual.
3. Is engaged in verifiable work activities of 30 hours or more per week: such as (but not limited to) employment, work experience, on-the-job training, job search, job readiness assistance, community service programs, vocational training not to exceed 12 months, job skills training, education directly related to employment such as high school diploma or equivalency, provision of child care services to an individual who is participating in a community service program, any other program necessary to ready a participant to work. (Verification required)
4. Meets the requirements for being exempted from having to engage in work activities under State or TANF requirements (Must be one of aided members on grant).
5. Is a member of a family receiving assistance benefits or services under any welfare program and not in noncompliance with state or TANF requirements (Must be one of aided members on grant).

I have received and read the Community Services and Self Sufficiency Requirement. I understand that as a resident of public housing, I am required by law to contribute 8 hours per month of community service or participate in an economic self-sufficiency program. I further understand that if I am not exempt or my exempt status changes, failure to comply with CSSR is grounds for lease nonrenewal.

My signature below certifies I received notice of this requirement at the time of initial program participation and/or annual reexamination (based on date below). **This form is for () Initial or () Annual (check one)**

Every family member 18 or older must sign once below:

I meet an exemption as listed above:

Print Name: _____ Signature: _____ Exemption # __ Date _____
Print Name: _____ Signature: _____ Exemption # __ Date _____
Print Name: _____ Signature: _____ Exemption # __ Date _____

I do not meet any exemption above:

Print Name: _____ Signature: _____ Date _____
Print Name: _____ Signature: _____ Date _____
Print Name: _____ Signature: _____ Date _____

Head of Household Name: _____
Address: _____ City _____ Zip: _____