Certification of Hours

I, _____, live in public housing and am required to complete 8 hours a month performing community service, or participating in an economic self-sufficiency activity. I have verification below of the hours I completed.

Community service must:
occur within the community where the resident resides, not be hazardous, and be accessible for persons with disabilities.

Community Service includes:
volunteering at your child/ren's school, or volunteering at a local charity, or participating in your local SHARE program.

Economic Self-sufficiency includes:
any program designed to encourage, assist or train participants and their family for employment, such as job training programs, employment counseling, work placement, basic skills training, education, personal, financial or household management.

Please keep this record until your next Annual Recertification of Eligibility. Use extra sheets of paper as necessary. The first row is completed as an example.

Community Hours Served

Date	# hours	Agency	Signature of Person Verifying Hours
October 5, 1999 October 10, 1999 October 15, 1999	2 2 4	Feed the Hungry, Incorporated Job Seeking Workshop by GAIN SHARE	*R. Green* *S. Brown* *T. Black*

I certify that the above information is true and complete and that I personally performed the community service hours described above: Signature: _____ Date: _____