

COMMUNITY SERVICE CERTIFICATION

As Head of Household, I certify that all adults in my household are listed below, and have properly declared their community service status. Each adult family member meets the stated requirement for being exempted from the PHA's community service requirement for the following reason:

- a) Is 62 years of age or older.
- b) Is a person with disabilities and self-certifies below that he or she is unable to comply with the community service requirement.
- c) Is the primary caretaker of an individual with a disability.
- d) Is employed, or engaged in work activities.
- e) Is participating in a welfare-to-work program.
- f) Current FSS Participant
- g) Is attending school full time.

If none of the above apply, I certify that the adult family member is not exempt, and I understand that it is my responsibility to ensure that his/her community service requirement is being met.

- h) None of the above apply; Family member is not exempt

<i>Name of Adult (please print legibly)</i>	<i>Relationship to Head</i>	<i>Exemption Code (a-h)</i>

I understand that if an exemption is marked, verification must be included with my paperwork. I further understand that if my family member is not exempt, he/she is required to complete 8 hours per month of community service and that it is my responsibility to ensure compliance. Failure to comply with this requirement will be grounds for non-renewal of the LIPH lease.

Signature of Head of Household

Date

I certify that my information listed above is true and accurate.

Signature of Adult Household Member

Date

Signature of Adult Household Member

Date

Signature of Adult Household Member

Date

Signature of Adult Household Member

Date

Signature of Adult Household Member

Date

THIS FORM IS REQUIRED FOR ALL HOUSEHOLDS. IT MUST BE COMPLETED.