

# PUBLIC HOUSING AGENCY

SAINT PAUL

## COMMUNITY SERVICE VERIFICATION

\_\_\_\_\_  
Resident's Name

\_\_\_\_\_  
HEAD OF HOUSEHOLD NAME

\_\_\_\_\_  
Address

\_\_\_\_\_  
Resident's Social Security Number

**COMPLETE SECTION A. OR B.:**

- A. I CERTIFY** that I am EXEMPT from the Community Service requirement because I am a Student **OR** I am participating in an Economic Self-Sufficiency Program or other qualifying Work Activity. (**Attach verification.**) I will report any changes of this status to PHA Management within 10 days. I understand that I may then be required to do community service.

School/Program/Work Activity	Location of School/Program/Activity	# of Class/Activity Hours Per Week (or Per Month)

- B. I CERTIFY** that I HAVE MET the Community Service requirement by performing the following activities:

Activity	Date of Activity	Number of Hours	Signature of Community Supervisor	Supervisor's Phone Number

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by: (PHA Staff)

\_\_\_\_\_  
Date