

PUBLIC HOUSING AGENCY

SAINT PAUL

Community Service Determination

Including myself (Head of Household), my household includes these adults (age 18 and older):

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Number from household list above:	THE FOLLOWING DO NOT HAVE TO PERFORM COMMUNITY SERVICE BECAUSE:
	Age 62 or older
	Disabled or blind and unable to perform any community service
	Employed or involved in work activity at least 10 hours a week at:
	Providing daily care for a family member who is disabled, blind or under the age of 6. Name of family member:
	Receiving MFIP and exempt from MFIP's work requirement
	Receiving MFIP and not sanctioned
	Student at: _____ (Complete Community Service Verification Form HD-809)
	Participating in an economic self-sufficiency program at: _____ (Complete Community Service Verification Form HD-809)

Signature Head of Household Social Security number Date

Completed and/or reviewed by PHA staff: _____ **Date** _____

I have notified _____ that the following residents are required to perform community service or to document student/self sufficiency participation on the provided form:	
1. _____ 2. _____ 3. _____	
_____ PHA staff signature	_____ Date