

Head of Household \_\_\_\_\_  
Address \_\_\_\_\_  
Unit ID \_\_\_\_\_

**AGREEMENT TO COMPLETE COMMUNITY SERVICE**

I have been notified that my household has failed to complete Community Service requirements for the year ending \_\_\_\_\_. I understand this is a violation of my lease.

I agree that the following members of my household will make up the listed hours of community service no later than \_\_\_\_\_:

_____	_____
(name of household member)	(hours required)

I understand that I must provide verification that the Community Service has been completed.

I agree that all members of my household currently required to do community service will also fulfill the monthly Community Service requirements for the year that will end \_\_\_\_\_.

I understand that failure to comply with Community Service requirements is a violation of my lease and may result in nonrenewal or termination of my lease.

\_\_\_\_\_  
Signature of head of household or spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of PHA Housing Manager

\_\_\_\_\_  
Date