

Wheeling Housing Authority



Community Service Disclosure

Head of Household _____
Complex Name/Number _____
Apartment Number _____

Effective October 1, 1999, residents that do not fall under an exemption must complete 8 hours of community service per month.

I understand at this time, _____ **member(s) of my household must complete 8 hours per month community service.** I understand that failure to complete said hours by a member of my household that is required to complete community service, including myself, could jeopardize my continued occupancy in Public Housing.

Please read the information below regarding adult family members from your household that may or may not be required to complete 8 hours community service per month. If the information below is incorrect or incomplete, do not sign this form until the information has been corrected.

Adults (legal name)	Relationship to head of household	Required to complete community service (yes or no)	Falls under exemption (place number in box using the list below)

1. Elderly
2. Blind or disabled and is unable to comply with community service requirements
3. Exempted from work by state
4. Work Activity defined under Social Security Act
5. Receiving assistance and not in noncompliance with State or TANF requirements

By signing this form, I am verifying that the above information is accurate. I further understand that this information will be re-verified annually; however, I am permitted and required to change exemption status during the year should my current household situation change.

Head of Household

Date

Public Housing Manager

Date