



## EXEMPT RESIDENT

### COMMUNITY SERVICE PROVISION

DATE: \_\_\_\_\_

RESIDENT NAME: \_\_\_\_\_

APARTMENT NUMBER: \_\_\_\_\_

I certify and affirm that because of the circumstance listed below I am exempt from the Community Service provision of my Dwelling Lease.

\_\_\_\_\_ 62 years of age or older

\_\_\_\_\_ Persons with qualifying disabilities which prevent the individual's compliance. The individual must provide appropriate documentation to support the qualifying disability, which may include self-certification. In addition, any person who is the primary caretaker of such individual is exempt.

\_\_\_\_\_ Persons engaged in work activities as defined in section 407.(d) of the Social Security Act.

\_\_\_\_\_ Person participating at least eight (8) hours in welfare-to-work program.

\_\_\_\_\_ Person receiving assistance from and in compliance with a State program funded under Part A, Title IV of the Social Security Act.

\_\_\_\_\_ Other (Explain): \_\_\_\_\_

\_\_\_\_\_

I understand I must report any change to my income or circumstance with 10 days of the change. Reporting these changes will be handled during an interim or annual-examination and may affect my exempt or non-exempt status.

I certify that the foregoing statement is true and correct.

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

\_\_\_\_\_  
PHA Representative

\_\_\_\_\_  
Date