



Greene Metropolitan Housing Authority

538 N. Detroit Street, Xenia, OH 45385

Xenia: 937-376-2908, Fairborn: 937-429-7736

General Fax: 937-376-2487, Public Housing Fax: 937-347-1235, Section 8 Fax: 937-347-1230

Website: www.gmha.net

COMMUNITY SERVICE EXEMPTION CERTIFICATION

I certify that I am eligible for an **exemption** from the Community Service requirement for the following reasons:

_____ I am 62 years of age or older.

_____ I have a disability, which prevents me from working

➤ (Certification of Disability Form will serve as documentation)

_____ I am the primary caretaker of an individual that is disabled.

➤ (Verification of caretaker status for disabled will serve as documentation)

_____ I am working

➤ (Employment Verification will serve as documentation)

_____ I am participating in a Welfare to Work Program

➤ (Must provide verification letter from agency)

_____ I am receiving TANF and am participating in a required economic self-sufficiency program or work activity

➤ (Must provide verifications from the funding agency that you are complying with job training or work requirements)

_____ My family receives SNAP and we are in compliance with the State on the receipt of SNAP

➤ (Must provide verification from agency)

_____ I do not qualify for an exemption and understand that I must complete Community Service as required by the Quality Housing and Work Responsibility Act of 1998.

(Print Tenant Name)

(Tenant Signature)

(Date)



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TURN OVER TO COMPLETE OTHER SIDE

Community Service Compliance Certification

Resident Name: _____

Address: _____

I/We have received a copy of, have read and understand the contents of GMHA's Community Service /Self Sufficiency Policy.

I/We understand that this is a requirement of the Quality Housing and Work Responsibility Act of 1998 and that if we do not comply with this requirement, our lease will not be renewed.

(Head of Household Signature) (Date)

(Spouse/Significant Other Signature) (Date)

(Other Adults in Household Signature) (Date)