

# SMHA Community Service Requirement Policy Summary

In accordance with recent changes in HUD regulations, non-exempt residents must contribute eight-hours per month of community service. According to our records, you may be required to provide such service. Reproduced below is Section IV.E. Community Service & Self-Sufficiency Requirements from SMHA Leasing & Occupancy Policy, which explains the program in detail. If you feel you are qualified for an exemption, please provide written, signed verification of such claims to your manager. Determination of non-exempt status and compliance are subject to SMHA standard grievance procedures.

## A. COMMUNITY SERVICE AND SELF-SUFFICIENCY

Each non-exempt adult resident (defined below) who is 18 years of age and older must contribute eight (8) hours each month of community service (not including political activities) or participate in an economic self-sufficiency program for (8) hours in each month. A self-sufficiency program includes such activities as education, training, job readiness, counseling, treatment, etc.

## DEFINITIONS:

1. Community Service - The performance of voluntary work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, or/and increase the self-responsibility of the resident within the community in which the resident resides. Political activity is excluded.
2. Economic Self-Sufficiency Program- Any program designed to encourage, assist, train, or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, employment training, work placement, basic skill training, and education. English proficiency, work fare, financial or household management, apprenticeship and many programs necessary to ready a participant to work (such as substance abuse or mental health treatment.)
3. Exempt adults. Exempt adult family members include the following categories:
  - persons 62 years of age or older
  - persons who are vision impaired or persons with disabilities, as defined under Section 216 (I) or 1614 of the Social Security Act (42 USC 416 (I) (1); 1382 c) or who is unable to comply with this section, or is a primary caretaker of such an individual.
  - persons engaged in at least 30 hours of work activities per week (as defined by section 407 (d) of the Social Security Act (42 USC 607 (d), as in effect on and after 7/1/97)
  - persons meeting the requirements for being exempted from having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) or under any other welfare program of the State in which the PHA is located, including a State-administered welfare-to-work program.
  - persons receiving assistance from and in compliance with a State program funded under Part A, title IV of the Social Security Act (42 U.S.C. 601 et. seq.) or under any other welfare program of the state in which the public housing agency is located, including a State-administered welfare to work program, and has not been found by the State or other administering entity to be in noncompliance with such a program.

The status of exempt adults will be re-verified each year as part of the resident's annual rent recertification, at least 30 days prior to the lease expiration date regarding this requirement. Verification will occur at that time and the status change effective to coincide with the new lease term. At the time of re-verification of status, the resident must also provide written documentation of compliance with this community service requirement. Residents may submit a self-certification of compliance; however, self-certifications are subject to third party verification. Residents who are not in compliance will have 12 months to make up the hours needed to meet the requirement. Continued noncompliance with this provision will result in eviction of the entire family, unless the non-compliant family member is no longer a part of the household. Residents must provide written proof establishing the new permanent residency of the non-compliant family member.

*Please contact your Manager for more information on your responsibility in meeting this requirement or if you have any questions.*



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## Community Service Certification of Understanding of Policy

I have received and read SMHA's Community Service Requirement Policy. I understand that as a resident of public housing, I am required by law to contribute 8 hours per month (96 hours over the course of every 12 month period) of community service or participate in an economic self-sufficiency program. I further understand that if I am not exempt, failure to comply with Community Service and Self Sufficiency Requirements is grounds for lease nonrenewal.

I have received the SMHA Community Service Certificate of Hours Worked to bring back completed at my next annual re-certification (if applicable). I understand that I may submit this form as a self-certification of compliance with the CSSR and that my self-certification of compliance is subject to validation with the organization(s) for which I completed the required hours.

My signature below certifies that I have received notice of this requirement.

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
SMHA Staff Signature

\_\_\_\_\_  
Date



**Stark Metropolitan Housing Authority**

400 East Tuscarawas Street  
Canton, Ohio 44702-1131



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Account # \_\_\_\_\_

HOH \_\_\_\_\_

**Community Service & Self Sufficiency Requirement Status Certification**

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

- I am 62 or older.
- I am blind or disabled as defined under 216(i)(1) or 1614 of the Social Security Act or I am the primary caretaker of such an individual.  
*(Receipt of Social Security DISABILITY benefits will serve as documentation.)*
- I am engaged in work activities **at least 30 hours per week.**  
*(Employment Verification will serve as documentation.)*
- I am participating in a "Welfare to Work" Program or other self-sufficiency activities as required by a State Agency in order to receive benefits or services and I certify that I am in compliance with their requirements.  
*(Must provide a verification letter from the agency.)*
- I am a full time student and/or I am a full time participant in a job training program.  
*(Must provide verification from school or job training program attended.)*

I acknowledge that I am not eligible for an exemption from the Community Service requirement:

- I do not meet the requirements to be exempt from community service and I understand that I must complete 8 hours of community service per month until such time that I may become exempt. I have received and read SMHA's Policy on CSSR. I have received the Certification of Hours Worked form to use for tracking my compliance. I understand that I may submit a self-certification of compliance with the CSSR; however, such self-certification is subject third party verification.

\_\_\_\_\_  
Household Member Name - Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member Signature

\_\_\_\_\_  
Date

## Community Service & Self-Sufficiency Requirements Certification of Hours Worked

HOH's Name: \_\_\_\_\_ HH Member Completing Hours: \_\_\_\_\_

I certify that I have completed the hours listed below in order to comply with the Community Service and Self Sufficiency Requirements (CSSR). I understand that should I fail to provide third party verification of the hours worked and self-certify as to my compliance, my self-certification is still subject to SMHA completing third party verification. I understand that I must complete one form for each organization I performed CSSR hours at.

Date Worked	# of Hours Worked	Community Service or Self Sufficiency	Organization	Address	Phone Number	Contact Person Name/Signature
		<input type="checkbox"/> CS <input type="checkbox"/> SS				
		<input type="checkbox"/> CS <input type="checkbox"/> SS				
		<input type="checkbox"/> CS <input type="checkbox"/> SS				
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		<input type="checkbox"/> CS <input type="checkbox"/> SS				

Please accept the signature(s) from the contact person above as my third party verification of compliance with CSSR hours worked.

Please accept my signature below as my self-certification of my compliance with CSSR. I understand that this self-certification is subject to SMHA third party verification with the contact person listed above.

I understand that falsification of this form and/or fraudulently reporting hours is subject to penalties of perjury and termination of tenancy.

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Signature \_\_\_\_\_ Date \_\_\_\_\_