HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
MONTHLY COMMUNITY SERVICE REQUIREMENT COMPLIANCE FORM

This section to be completed by HACLA

Development: ___________________________ Unit # _______  Client # ________ Family Mbr # _____

Head of Household Name: ____________________________  _____   ___________________________
First Name                      MI                         Last Name

If you are required to perform 8 hours of community service or self-sufficiency activities each month, this form is to be completed by the organization(s) or individual for which you are performing your eight hours. This form is to be completed and submitted monthly to the site manager. Failure to have verification on file for each month may lead to non-renewal of your lease.

Resident Name: _____________________________________________       ___________________
(Please Print) First                                   MI                    Last                                Phone

For the Month of ______________________________  Year ________________

I certify that the above named individual has completed ________ hours of community service or self-sufficiency activities this month.

Type of activity: _____________________________________________________________________________
Organization: _______________________________________________________________________________
Address/City/Zip_____________________________________________________________________________

Name (print) ____________________________     Phone:_____________________
Signature: _________________________________

As used herein, a community service activity is any unpaid activity that is of public benefit, serves some secular purpose, and is nonpartisan.

I certify that the above named individual has completed ________ hours of community service or self-sufficiency activities this month.

Type of activity: _____________________________________________________________________________
Organization: _______________________________________________________________________________
Address/City/Zip_____________________________________________________________________________

Name (print) ____________________________     Phone:_____________________
Signature: _________________________________

As used herein, a community service activity is any unpaid activity that is of public benefit, serves some secular purpose, and is nonpartisan.

I certify that the above named individual has completed ________ hours of community service or self-sufficiency activities this month.

Type of activity: _____________________________________________________________________________
Organization: _______________________________________________________________________________
Address/City/Zip_____________________________________________________________________________

Name (print) ____________________________     Phone:_____________________
Signature: _________________________________

As used herein, a community service activity is any unpaid activity that is of public benefit, serves some secular purpose, and is nonpartisan.

WARNING: 18 U.S.C. 1001 provides that whoever knowingly and willingly makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any manner within the jurisdiction of any department or agency of the United States shall be fined or imprisoned for not more than five years or both.

CS03 (7/2005)