



The Housing Authority of the County of Cook  
EXEMPTION RELEASE FORM – CHILD CARE

CLIENT NO. \_\_\_\_\_ UNIT NO. \_\_\_\_\_

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

SOCIAL SECURITY NO: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ ALTERNATE NO: \_\_\_\_\_

**\*\*NOTICE\*\***

*Federal law requires adult residents of public housing to provide eight (8) hours of community service or to receive eight (8) hours of self-sufficiency training as a condition for retaining their tenancy.*

*An exemption from the community service / self-sufficiency requirement is provided for residents who are child care providers of other resident's children under the age of thirteen.*

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

SOCIAL SECURITY NO: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**RESIDENT'S STATEMENT**

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I, \_\_\_\_\_, hereby certify that I live in public housing, and that I am the parent or have custodial custody over \_\_\_\_\_ children, who are below the age of thirteen. Their names and ages appear below:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please answer the following questions:

Are you currently employed or are required to perform eight (8) hours of monthly community service or to participate for eight (8) hours of monthly self-sufficiency training? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the public housing resident whose name appears at the top of this certification, engaged in or currently provides for necessary child care services that enables you to work or to meet your community service requirement? \_\_\_\_\_ Yes \_\_\_\_\_ No

NAME OF PARENT/CUSTODIAN: _____	SOCIAL SECURITY NO: _____ - _____ - _____
SIGNATURE: _____	
FULL ADDRESS: _____	
TELEPHONE NO: _____	

**FOR OFFICE USE ONLY**

RECEIVED BY:		INITIALS:		DATE:	
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**WARNING:** Making a false statement or providing false information is a criminal offense under federal and local law. This agency will prosecute violations of this notice.