



The Housing Authority of the County of Cook
COMMUNITY SERVICE / ECONOMIC SELF-SUFFICIENCY
VERIFICATION FORM

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. This form should be signed by the supervisor of the organization for whom service were provided or by the instructor where training was given on each occasion when service or training was provided.

Additional verification forms are available from the Central Management Office. Please retain and submit all completed verification forms as part of your annual income review.

NAME: _____

SOCIAL SECURITY NO: _____ - _____ - _____

DATE	SERVICE OR TRAINING	COMPANY	HRS	SUPERVISOR / INSTRUCTOR	
				Print: _____	
				Sign: _____	Telephone No: _____
				Print: _____	
				Sign: _____	Telephone No: _____
				Print: _____	
				Sign: _____	Telephone No: _____
				Print: _____	
				Sign: _____	Telephone No: _____
				Print: _____	
				Sign: _____	Telephone No: _____
				Print: _____	
				Sign: _____	Telephone No: _____
				Print: _____	
				Sign: _____	Telephone No: _____
				Print: _____	
				Sign: _____	Telephone No: _____
				Print: _____	
				Sign: _____	Telephone No: _____
				Print: _____	
				Sign: _____	Telephone No: _____
				Print: _____	
				Sign: _____	Telephone No: _____
TOTAL HOURS					

FOR OFFICE USE ONLY

POSTED BY:		INITIALS:		DATE:	
------------	--	-----------	--	-------	--

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.