

## Chapter 15

### COMMUNITY SERVICE POLICY/SELF SUFFICIENCY

#### A. INTRODUCTION

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt (see definitions) public housing adult residents (18 or older) contribute eight (8) hours per month of community service (volunteer work) or participate in eight (8) hours of training, counseling, classes and other activities which help an individual toward self-sufficiency and economic independence. This is a requirement of the dwelling lease signed with all residents of RCRHA.

RCRHA requires residents to verify compliance annually, at least 30 days before the expiration of the lease term. Self-certification by residents is not acceptable; third party certification must be provided by the entity where the resident is performing the service.

#### B. DEFINITIONS

Community Service – volunteer service that includes, but is not limited to:

- Service at a local school, church, hospital, recreation center, senior center, service organization, or child care center
- Service with youth or senior organizations, including Police Athletic League (PAL) events and functions
- Working through the Resident Council or individual development Resident Council's or Senior Club to help other residents with problems
- Caring for the children of other residents so they may volunteer
- Service on the Resident Advisory Board
- Other volunteer service with non-profits, for example, 501(C)(3) organizations, providing community service programs.

NOTE: Political activity is excluded. This would include but is not limited to: voter registration; campaign worker; and poll worker assignments.

Self-Sufficiency Activities – activities that include, but are not limited to:

- Employment and Training programs
- Job training programs
- GED classes
- Substance abuse or mental health counseling
- English proficiency or literacy (reading) classes
- Budgeting and credit counseling
- Homeownership educational programs or seminars (offered by RCRHA and other community organizations)
- Any kind of class that helps a person move toward economic independence

Exempt Adult – an adult member of the family who

- Is 62 years of age or older
- Has a disability that prevents him/her from being gainfully employed
- Is the caretaker of a disabled person
- Is working at least 20 hours per week
- Is participating in a welfare to work program
- Is receiving assistance from TANF and is in compliance with job training and work activities requirements of the program
- Each adult member of the household must sign a Community Service Exemption Certification at each annual recertification or if they become an “exempt adult” at any time between recertifications that the status should change. (See “Exhibit 1” attached; RCRHA Form #1)

#### C. REQUIREMENTS OF THE PROGRAM

1. The eight- (8) hours per month may be either volunteer service or self-sufficiency program activity or a combination of the two.
2. At least eight (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant consideration. The Executive Director, or their designee will make the determination of whether to allow or disallow a deviation from the schedule. (See Exhibit #3, RCRHA Form #2).
3. Activities must be performed within the community and not outside the jurisdictional area of RCRHA.
4. Family obligations
  - At least execution or re-examination after October 1, 2003, all adult members (18 or older) of a public housing resident family must

- 1) Provide documentation that they are exempt from Community Service requirement if they qualify for an exemption, and;
  - 2) Sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the Community Service requirement will result in non-renewal of their lease.
- At each annual re-examination, non-exempt family members must present a completed documentation form (to be provided by RCRHA's recertification area) of activities performed over the previous twelve (12) months. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.
  - If a family member is found to be noncompliant at re-examination, he/she and the Head of Household will sign an agreement with RCRHA to make up the deficient hours over the next twelve- (12) month period.
5. Change in exempt status:
- If, during the twelve- (12) month period, a non-exempt person becomes exempt, it is his/her responsibility to report this to the management office and provide documentation of such.
  - If, during the twelve- (12) month period, an exempt person becomes non-exempt, it is his/her responsibility to report this to the management office. RCRHA will provide the person with the Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.

**D. RCRHA OBLIGATIONS**

1. To the greatest extent possible and practicable, RCRHA will:
  - Provide names and contacts at agencies that can provide opportunities for residents, including disabled, to fulfill their Community Service obligations. (According to the Quality Housing and Work Responsibility Act, a disabled person who is otherwise able to perform community service is not necessarily exempt from the Community Service requirement).
  - Provide opportunities for volunteer service or self-sufficiency programs.
2. RCRHA offices will provide the family with: Community Service Exemption Certification Form (See RCRHA Form #115; "Exhibit 1"); Community Service Compliance Certification Form (See RCRHA Form #109; "Exhibit 2"); Record

and Certification of Community Service and Self-Sufficiency Activities Form (See RCRHA Form # 110; “Exhibit 3”); and Caretaker Verification for Community Service Exemption Form (See RCRHA Form # 141; “Exhibit “6”), attached, and a copy of this policy at initial application and at lease execution.

3. RCRHA’s Executive Director or their designee will make the final determination as to whether or not a family member is exempt from the Community Service requirement. Residents may use the Grievance Procedure if they disagree with RCRHA’s determination.
4. Non-compliance of family member. The responsibility for enforcement will be with the RCRHA.
  - At least thirty (30) days prior to annual re-examination and/or lease expiration, RCRHA will begin reviewing the exempt or non-exempt status and compliance of family members.
  - If RCRHA finds a family member to be non-compliant, the RCRHA will enter into an agreement with the non-compliant member and the head of household to make up the deficient hours over the next twelve- (12) month period. (RCRHA Form #116; “Exhibit 4” and RCRHA Form #114 “Exhibit 5” attached).
  - If, at the next annual reexamination, the family member still is not compliant, the lease will not be renewed and the entire family would be issued a 30-day notice to vacate by the RCRHA, unless the non-compliant member agrees to move out of the unit and a new lease is signed with the family amending its composition accordingly.
  - The family may use the Grievance Procedure to appeal the lease termination, after attending a private conference with the RCRHA representative.

#### E. FORMS

The following forms shall be used to process and account for community service requirements.

RCRHA Form #115

01/06

**Exhibit 1**

**COMMUNITY SERVICE EXEMPTION CERTIFICATION<sup>1</sup>**

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

- I am 62 or older
- I receive Supplemental Security Income (SSI) or Social Security Disability (SSD) benefits for a disability recognized by the Social Security Administration (SSA). And, because of such disability, I cannot perform voluntary work or duties that are a public benefit, and that serve the to improve the quality of life, enhance resident self-sufficiency or increase resident self-responsibility in the community.
- I am the primary caretaker of a person who satisfies the above criteria and I am submitting RCRHA Form #141 for verification.
- I am working  
*(Employment Verification form 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 verification from the funding agency that you are complying with job training or work requirements. A certification form must be signed by each adult member of the household.**

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Resident

Address

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Date

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<sup>1</sup> This certification applies only to the Community Service Exemption per 24 CFR 960.601 and no other RCRHA program requirements.

RCRHA Form #109

01/06

**“Exhibit 2”**

**COMMUNITY SERVICE COMPLIANCE CERTIFICATION**

I/We have received a copy of, have read and understand the contents of the Authority’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.

Resident \_\_\_\_\_ Date \_\_\_\_\_

Resident \_\_\_\_\_ Date \_\_\_\_\_

Resident \_\_\_\_\_ Date \_\_\_\_\_

Adopted by Commission:

Last Revision:

RCRHA PM Form #110

02/05

**“Exhibit 3”**

**RECORD AND CERTIFICATION OF COMMUNITY SERVICE AND SELF-SUFFICIENCY ACTIVITIES**

**Resident Name:** \_\_\_\_\_ **Address** \_\_\_\_\_ **SSN#** \_\_\_\_\_

Date of Activity: Mo/Day/Yr	Type of Service Activity	Type of Training Program	Type of Educational Program	# of Hours	Name of Company or Organization	Signature of Supervising Official
			<b>Total Hours Must equal 96 per year</b>			

RCRHA Form #116

01/06

**“Exhibit 4”**

**AGREEMENT**

In accordance with the provisions of RCRHA’s Community Service/Self-Sufficiency Policy, I/We agree to complete all deficient service hours over the next 12-month period. Deficient service hours are for the review year \_\_\_\_\_ and will be completed by \_\_\_\_\_.

I/We understand that RCRHA may issue a 30-day notice if the service hour requirements of your lease are not brought into compliance by \_\_\_\_\_. I/we understand what volunteer work qualifies as community service and what types of programs qualify for self-sufficiency participation.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Resident

\_\_\_\_\_  
Date

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RCRHA USE ONLY

APPROVED BY: \_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date



RCRHA PM Form #114

01/06

**Exhibit "5"**

\_\_\_\_\_  
(Date)

Dear \_\_\_\_\_:

Please be advised that RCRHA has not received documentation evidencing completion of 96 hours of community service for the following members of your family:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All non-exempt adult members of the family must complete the community service hours as a part of the annual recertification process. If you feel one or more of the above listed family members may be eligible for an exemption, please see your management office.

You may also be eligible to enter into an agreement to complete deficient service hours.

In the event service hours have not been completed for all adult members, you can be issued a 30-day notice to vacate. Your cooperation in this matter is needed to assist in preserving your housing opportunity.

Sincerely,

\_\_\_\_\_  
Executive Director

RCRHA Form #141

01/06

**Exhibit 6**

**Caretaker Verification for Community Service Exemption**

- ( ) I certify that I receive Supplemental Security Income (SSI) or Social Security Disability (SSD) benefits for a disability recognized by the Social Security Administration (SSA). I am attaching verification of receipt of benefits from the SSA. I understand that RCRHA will keep this information strictly confidential.
- ( ) And, because of such disability, I cannot perform voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency or increase resident self-responsibility in the community.
- ( ) I certify that \_\_\_\_\_ is my primary caretaker.

\_\_\_\_\_  
(Signature of Person Certifying  
About her/his Caretaker)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address