

COMMUNITY SERVICE / SELF-SUFFICIENCY

A. Background

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 LMHA.

LMHA 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 with whom the resident is working.

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
- Service at LMHA to help improve physical conditions and non-paid time spent on caretaker duties
- Service at LMHA to help with children's programs or youth sporting events
- Service at LMHA to help with senior programs
- Helping neighborhood groups with special projects including Blockwatch, Apartment watch or Resident Patrol
- Working through the Central Residents Council, individual development Residents Councils, or Senior Club to help other residents with problems
- Caring for the children of other residents so they may volunteer
- Other volunteer service with non-profits, for example, 501(C)(3) organizations, providing community service programs.

NOTE: Political activity is excluded, such as campaign work.

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

- 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 LMHA 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
- Is a blind or disabled individual, as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 416(i)(1); 1382c) and who certifies that because of such disability she or he is unable to comply
- Is the caretaker of such a blind or disabled individual
- 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 re-certifications that the status should change. (See “Exhibit 1” attached; LMHA HO Form #115) This form would be signed at move-in and during interim recertification conferences with the Property Manager/Management Aide and at the annual review interview with a Recertification Technician.

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 the time of move-in and at each recertification, all adult members of the household must sign a “Community Service Compliance Certification (Exhibit “2”) indicating that they have read and understand the housing authority’s Community Service/Self-Sufficiency Policy.
3. 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 Director of Programs & Leasing, Director of Housing Operations, or their designee will make the determination as to whether to allow or disallow a deviation from the schedule. (See Exhibit #3, LMHA HO Form #111).
4. Activities must be performed within the community and not outside the jurisdictional area of LMHA, which includes Lucas County, Ohio. It does not include Harding Township.

5. Family obligations

- At lease execution or re-examination after July 1, 2003, all adult members (18 or older) of a public housing resident family must:
 - 1) Provide documentation that they are exempt from the Community Service requirement per Exhibit (1).
- At each annual re-examination, non-exempt family members must present a completed documentation form 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. (Exhibit "3")
- If a family member is found to be non-compliant at re-examination, he/she and the Head of Household will sign an agreement with Programs and Leasing to make up the deficient hours over up to a 12-month period. (Exhibit "4" and Exhibit "4-A")

If the Review Technician or Property Manager/Management Aide feel that the resident has extenuating circumstances which have prevented them from completing this requirement timely, and said circumstances can be documented by the resident, the Review Technician or Property Manager/Management Aide may make a recommendation to the appropriate Regional Asset Manager for a longer period of time to be granted.

6. 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 during an interim recertification and provide documentation of such. (Exhibit "6")
- 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. Management offices will provide the person with the Recording/Certification documentation form (Exhibit "3").

D. LMHA obligations

1. To the greatest extent possible and practicable, LMHA will provide in-house opportunities for volunteer service or self-sufficiency programs for residents, including disabled, to fulfill their Community Service obligations. (According to the Quality Housing and Work Responsibility Act, a disabled individual who is otherwise able to perform community service is not necessarily exempt from the Community Service requirement).
2. LMHA management offices will provide the family with: Community Service Exemption Certification Form (See LMHA HO Form #115; "Exhibit 1"); Community Service Compliance Certification Form (See LMHA HO Form #110; "Exhibit 2"); Record and Certification of Community Service and Self-Sufficiency Activities Form (See LMHA HO Form # 111; "Exhibit 3"); and Caretaker Verification for Community Service Exemption Form (See LMHA HO Form # 141; "Exhibit "6").

3. LMHA's Regional Asset Managers, or their designees, will make the final determination as to whether or not a family member is exempt from the Community Service requirement. Residents may use the Resident Grievance Procedure, #28, if they disagree with LMHA's determination. (Section 18 of the dwelling lease).
4. Non-compliance of family member. The responsibility for enforcement will be with the Property Manager/Management Aide.
 - If LMHA finds a family member to be non-compliant, the Property Management staff 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. (LMHA HO Form #116; "Exhibit 4" and LMHA HO Form #114 "Exhibit 5" attached).
 - If, at the next annual re-examination, 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 Property Manager/Management Aide, 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 Resident Grievance Procedure to appeal the lease termination, after attending a private conference with the Property Manager/Aide or other representative of LMHA.

Exhibit 1
COMMUNITY SERVICE EXEMPTION CERTIFICATION¹

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

- I am 62 or older.
- I am 18 Years and Over. – *Full Time Student*
- I am blind. The term blind means that I have central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. 42 U.S.C. 416(i)(1);1382c. Or, I am disabled. The term means that I am unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted, or can be expected to last, for a continuous period of not less than twelve months. 42 U.S.C. 416(i)(1);1382c. And, because of such blindness/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. If I receive SSI or SSD benefits then I have no further reporting duties to LMHA for this exemption period. However, if I do not receive SSI or SSD benefits, then I will also have to provide medical documentation or complete LMHA's medical verification forms so that LMHA may verify my status as blind or disabled individual.
- I am disabled. If I do not receive SSI or SSD benefits, then I will also have to provide medical documentation or complete LMHA's medical verification forms so that LMHA may verify my status as a disabled individual.
- I am the primary caretaker of such blind or disabled individual who satisfies the above criteria and I am submitting LMHA HO Form #141 for verification. (Exhibit "6" must also be completed)
- 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).

Resident Name

Address

Date

LMHA Property Management Form #115
11/04, 3/10

¹ This certification applies only to the Community Service Exemption per 24 CFR 960.601 and no other LMHA program requirements.
Operating Procedure #51, Page 5

Exhibit "1-A"
Request for a Reasonable Accommodation

The following member of my family has a handicap/disability:

_____ *(Do not tell the LMHA the name of your disability or the nature or extent of your disability.)*

Please provide this reasonable accommodation:

A reasonable accommodation is needed because:

- _____ It will help you live in the housing or take part in LMHA's program;
- _____ It will help you meet the lease requirements of LMHA's program;
- _____ It will help you meet other requirements of LMHA's program.

Physician, Health Care Provider's name, address and telephone number:

By signing below you confirm the accuracy of the information submitted above. You will be mailed by the LMHA an "Authorization for Release of Medical Information" which will be forwarded to your physician, medical provider. Your physician/medical provider will then be required to confirm your eligibility and accommodation request to LMHA. Once this process has been completed, your Property Manager will be in contact with you.

Tenant's Signature

Phone Number

Date of Request

Tenant's Address

Do not write below line

For Office Use Only

Date Received by Legal Department: _____

Date Authorization for Release of Medical Verification sent to Tenant: _____

Date Medical Verification letter sent to physician, health care provider: _____

LMHA Property Management Form #109

Revised 2/03, 3/10

Exhibit "2"

(Must be completed at move-in and at annual recertification interviews)

Community Service Requirement Change in FY2003 HUD Appropriation

Under section 12 of the United States Housing Act of 1937, as amended, every adult resident of public housing is required to perform eight hours of community service each month, or participate in a self-sufficiency program for at least eight hours each month or a combination of the two totaling eight hours each month. (42 USC 1437j) This requirement does not apply to various exempt groups such as elderly persons, certain disabled individuals and others. (24 CFR 960.600-609).

LMHA Community Service/Self-Sufficiency Policy Informational Sheet

- Community Service is required for all residents who are not employed or involved in a self-sufficiency program with all annual re-certifications effective July 1, 2003 and thereafter;
- Residents who are elderly, handicapped or disabled may be exempted from community service;
- Residents are required to verify community service – 8 hours per month – at the time of their annual recertification with LMHA. (Please see your Property Manager for a log sheet to track your volunteer hours);
- Residents may choose where they complete their community service hours;
- Residents caring for an elderly or disabled family member may be exempted from community service (Please see your management office for the proper documentation.);
- Resident Councils, Senior Club, Resident Patrol, Plantings, and other volunteer opportunities can be documented for Community Service credit;
- Management offices may hold verification of community service hours in your file until your next annual recertification, if requested;
- LMHA must enforce the community service policy in accordance with the Quality Housing and Work Responsibility Act (QHWRA) of 1998;
- Community service may not include political activities;
- Failure to comply with the community service requirements can result in the termination of your lease.

Community Service benefits all residents!

By signing below you are verifying that you understand the community service requirements according to The Quality Housing and Work Responsibility Act of 1998 and have been provided with a copy of this signed document.

Adult Signature

Date

Adult Signature

Date

Adult Signature

Date

Adult Signature

Date

"Exhibit 3"

(Distribute to new move-ins and at annual re-certifications, if resident is non-exempt)

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/Organization & Signature	Signature of Supervising Official
			Total Hours Must equal 96 per year			

Adult Resident Signature
LMHA HO Form #111

Date

"Exhibit 4"

AGREEMENT

In accordance with the provisions of HUD/LMHA'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 LMHA 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

LMHA USE ONLY

APPROVED BY: _____
Appropriate RAM or designee

Date

Cc: Housing Specialist - LIPH

Exhibit "4-A"

Schedule to Make-Up Deficient Hours

HOURS DEFICIENT	NUMBER OF MONTHS TO COMPLETE HOURS
8	1
16	2
24	3
32	4
40	5
48	6
56	7
64	8
72	9
80	10
88	11
96	12

*Does not include hours for present year recertification requirement

Exhibit "5"

(Date)

Dear _____:

Please be advised that LMHA 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,

Property Manager/Management Aide

Cc: Resident file

Exhibit 6

Caretaker Verification for Community Service Exemption

I certify that I am blind or disabled. I understand that LMHA will keep this information strictly confidential. I agree to provide proof of receipt of SSI or SSD benefits. If I do not receive SSI or SSD benefits then I agree to provide medical documentation of such status or cooperate with LMHA to verify such status.

And, because of such blindness or 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.
Resident Name

_____ resides at _____.
Resident Name Resident Address

(Signature of Person Certifying
About her/his Caretaker)

Date

Address