



South Carolina  
REGIONAL HOUSING AUTHORITY No. 3



Doris Jamison  
Deputy Director

Tel: 803-259-4624  
Fax: 803-591-0464  
djamison@scrha3.org

Tenant: \_\_\_\_\_

Complex and Unit #: \_\_\_\_\_

## COMMUNITY SERVICE AND SELF-SUFFICIENCY POLICY

### 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 or other activities that help an individual toward self-sufficiency and economic independence. This is a requirement of the public housing lease.

### B. Definitions

**Community Service** – volunteer work which includes, but is not limited to:

- Work at a local institution, including but not limited to: school, child care center, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, indigent feeding program, cooperative food bank, etc.
- Work with a nonprofit organization such as: Parks and Recreation, United Way, Red Cross, Volunteers of America, Boy Scouts, Girl Scouts, Boys or Girls Clubs, 4-H Program, PAL, Garden Center, community clean-up programs, beautification programs, other counseling, aid, youth or senior organizations
- Work at the housing authority to help with litter control
- Work at the housing authority to help with children's programs
- Work at the housing authority to help with senior programs
- Helping neighborhood groups with special projects
- Working through a resident organization to help other residents with problems
- Serving as an officer in a resident organization
- Serving on the Resident Advisory Board
- Caring for children of other residents so they may volunteer

**NOTE:** Political activity is excluded.



South Carolina  
REGIONAL HOUSING AUTHORITY No. 3



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

- Job readiness programs
- Job training programs
- GED classes
- Substance abuse or mental health counseling
- English proficiency or literacy (reading) classes
- Apprenticeships
- Budgeting and credit counseling
- Any kind of class that helps a person toward economic independence
- Student status at any school, college or vocation school

**Exempt Adult** – an adult member of the family who meets any of the following criteria:

- Is 62 years of age or older
- Is blind or a person with disabilities (as defined under section 216[i][1] or 1614 of the Social Security Act), and who certifies that because of this disability he or she is unable to comply with the service provisions, or is the primary caretaker of such an individuals
- Is working at least 20 hours per week
- Meets the requirements for being exempted from having to engage in a work activity under TANF or any other State welfare program including a State-administered welfare-to-work program
- Is a member of a family receiving assistance, benefits or services under TANF or any other State welfare program and has not been found to be in noncompliance with such program

### **C. Requirements of the Program**

1. The eight (8) hours per month may be either volunteer work 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 special consideration. The housing authority will make the determination of whether to allow or disallow a deviation from the schedule based on a family's written request.
3. Family obligation:
  - At lease execution, all adult members (18 or older) of a public housing resident



family must:

- 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 a nonrenewal of their lease; and
- Declare if they are exempt. If exempt, they must complete the Exemption Form (Exhibit 11-3) and provide documentation of the exemption.
- Upon written notice from the PHA, non-exempt family members must present complete documentation of activities performed during the applicable lease term. This documentation 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 the end of the 12-month lease term, he or she, and the head of household, will be required to sign an agreement with the housing authority to make up the deficient hours over the next twelve (12) month period, as a condition of continued occupancy.

4. Change in exempt status:

- If, during the twelve (12) month lease period, a non-exempt person becomes exempt, it is his or her responsibility to report this to the PHA and provide documentation of exempt status.
- If, during the twelve (12) month lease period, an exempt person becomes non-exempt, it is his or her responsibility to report this to the PHA. Upon receipt of this information the PHA will provide the person with the appropriate documentation form(s) and a list of agencies in the community that provide volunteer and/or training opportunities.
- Families are eligible to complete a self-certification of compliance with the CSSR, and understand that the self-certification may be subject to validation by the organization that it was completed with them.

#### **D. Authority Obligation**

1. To the greatest extent possible and practicable, the PHA will:
  - Upon written request provide names of agencies that can provide opportunities for residents, including residents with disabilities, to fulfill their community service obligations.
  - Provide in-house opportunities for volunteer work or self-sufficiency activities.
2. The PHA will provide the family with a copy of this policy, and all applicable exemption verification forms and community service documentation forms, at lease-up, lease



renewal, when a family member becomes subject to the community service requirement during the lease term, and at any time upon the family’s request.

3. Although exempt family members will be required to submit documentation to support their exemption, the PHA will verify the exemption status in accordance with its verification policies. The PHA will make the final determination as to whether or not a family member is exempt from the community service requirement. Residents may use the PHA’s grievance procedure if they disagree with the PHA’s determination.
4. Noncompliance of family member:
  - At least thirty(30) days prior to the end of the 12-month lease term, the PHA will begin reviewing the exempt or non-exempt status and compliance of family members;
  - If, at the end of the initial 12-month lease term under which a family member is subject to the community service requirement, the PHA finds the family member to be noncompliant, the PHA will not renew the lease unless:
    - The head of household and any other noncompliant resident enter into a written agreement with the PHA, to make up the deficient hours over the next twelve (12) month period; or
    - The family provides written documentation satisfactory to the PHA that the noncompliant family member no longer resides in the unit.
  - If, at the end of the next 12-month lease term, the family member is still not compliant, a 30-day notice to terminate the lease will be issued and the entire family will have to vacate, unless the family provides written documentation satisfactory to the PHA that the noncompliant family member no longer resides in the unit;
  - The family may use the PHA’s grievance procedure to dispute the lease termination.

All adult family members must sign and date below, certifying that they have read and received a copy of this Community Service and Self-Sufficiency Policy.

\_\_\_\_\_

Resident

\_\_\_\_\_

Date

\_\_\_\_\_

Resident

\_\_\_\_\_

Date

\_\_\_\_\_

Resident

\_\_\_\_\_

Date





South Carolina  
REGIONAL HOUSING AUTHORITY No. 3



---

Signature of PHA Official

---

Date



South Carolina  
REGIONAL HOUSING AUTHORITY No. 3



Doris Jamison  
Director of Public Housing

Tel: 803-259-4624  
Fax: 803-591-0464  
djamison@scrha3.org

## Caretaker Verification

### Community Service Exemption

Resident \_\_\_\_\_

Complex and Unit# \_\_\_\_\_

Name of Disabled Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: ( ) \_\_\_\_\_

I certify that \_\_\_\_\_ is my primary caretaker.

I certify that I receive:

- ( ) Supplemental Security Income (SSI) disability benefits;
- ( ) No benefits but am able to submit documentation from a professional source  
Certifying that I am blind or disabled as defined by the Social Security Act

\_\_\_\_\_  
Signature of Disabled Individual  
Or Parent if a Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Caretaker (Resident)

\_\_\_\_\_  
Date

**Documentation must be provided from a professional source certifying the disability of the person being cared for on letterhead.**



South Carolina  
REGIONAL HOUSING AUTHORITY No. 3



Doris Jamison  
Director of Public Housing

Tel: 803-259-4624  
Fax: 803-591-0464  
djamison@scrha3.org

## Verification of Student Status

To: \_\_\_\_\_ Date: \_\_\_\_\_

Re: \_\_\_\_\_

Address \_\_\_\_\_

The above named person is an applicant for or is a resident in a federally-assisted housing program operated by the Housing Authority. Regulations require the Housing Authority to verify the student status of household/family members for the purpose of determining the family's eligibility for rental assistance.

Housing Authority Representative \_\_\_\_\_ Phone# \_\_\_\_\_

*I hereby request that you furnish the Housing Authority information regarding the student listed above. I understand that this information will be kept confidential and will be used only for program purposes.*

**Signature of Student**

**Date**

This is to certify that the above named student is enrolled at this school as a full-time student:

Name of school: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please provide documentation of enrollment status on school letterhead/stationary.*

**Return To:**

SC Regional Housing Authority No. 3  
P.O. Box 1326  
Barnwell, SC 29812

Tel: 803-259- Attention: \_\_\_\_\_





South Carolina  
REGIONAL HOUSING AUTHORITY No. 3



Doris Jamison  
Director of Public Housing

Tel: 803-259-4624  
Fax: 803-591-0464  
djamison@scrha3.org

### Verification of Compliance with TANF

DATE: \_\_\_\_\_

RE: \_\_\_\_\_

Unit # \_\_\_\_\_ Complex \_\_\_\_\_

This is to verify that the above named person is receiving TANF and is complying with job training or work requirements.

<i>I hereby give consent for the Housing Authority to obtain the requested information pertaining to me.</i>	
_____	_____
<i>Resident's Signature</i>	<i>Date</i>

***This Section is to be completed by Funding Agency***

\_\_\_\_\_ Yes, the above named person is in compliance.

\_\_\_\_\_ No, the above named person is not in compliance.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Funding Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please return to:** SC Regional Housing Authority No. 3  
P.O. Box 1326  
Barnwell, SC 29812  
Attention: \_\_\_\_\_



**South Carolina**  
REGIONAL HOUSING AUTHORITY No. 3



Doris Jamison  
Director of Public Housing

Tel: 803-259-4624  
Fax: 803-591-0464  
djamison@scrha3.org

Re: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Certification of Disability

The above-named person is applying for or is a resident in a federally–assisted housing program operated by the Housing Authority. To determine the applicant/resident’s eligibility, we must verify that he/she is disabled as defined by the U.S. Department of Housing and Urban Development (HUD). HUD regulations define disability as follows.

Thank you for your assistance.

- A. Inability 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 as lasted or can be expected to last for a continuous period of not less than 12 months, or

In the case of an individual who has attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.

- B. Severe chronic disability that:
  - a. is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - b. is manifested before the person attains age 22;
  - c. is likely to continue indefinitely;
  - d. results in substantial functional limitations in three or more of the following areas of major life activity: (1) self-care, (2) receptive and responsive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, (7) economic self-sufficiency;
  - e. reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.
- C. A person with a physical or mental impairment that:
  - a. is expected to be of a long-continued and indefinite duration,
  - b. substantially impedes his/her ability to live independently, and
  - c. is of such a nature that such ability could be improved by more suitable housing conditions.

Housing Authority Representative \_\_\_\_\_ Date \_\_\_\_\_

*I hereby authorize the release of any information pertaining to this request, and will appreciate it if you will complete the following certification.*

Applicant/Resident’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_



South Carolina  
REGIONAL HOUSING AUTHORITY No. 3





## Certification of Disability

\_\_\_\_\_ [ ] is [ ] is not disabled according to the HUD definition.

Is this disability permanent \_\_\_\_\_ or temporary \_\_\_\_\_?

Estimated length of disability period if temporary: \_\_\_\_\_

Person certifying (*print name*): \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Comments:

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

### Name & Mailing Address of Certifying Medical Professional:

\_\_\_\_\_  
Phone: (     )

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return to:

SC Regional Housing Authority No. 3  
P.O. Box 1326  
Barnwell, SC 29812                      or Fax to (803) 591-0473

Attention: \_\_\_\_\_



South Carolina  
REGIONAL HOUSING AUTHORITY No. 3



Doris Jamison  
Director of Public Housing

Tel: 803-259-4624  
Fax: 803-591-0464

## Community Service Monthly Participation Report Verification of Community Service Hours

The Housing Authority is required by federal statute and regulation to administer the community service program in public housing. We are required to confirm and track participation in an economic-self-sufficiency or community service activity. **A total of 8 hours community service or self-sufficiency is required per month. A month may not be skipped and doubled up the next month.** This report should be turned in to the office of SCRHA NO.3 on a monthly basis. We ask your cooperation in completing the information below.

Resident: \_\_\_\_\_ Unit # \_\_\_\_\_ Complex: \_\_\_\_\_

Address: \_\_\_\_\_

Housing Authority Representative: \_\_\_\_\_ Tel. # \_\_\_\_\_

Name and address of Agency or entity where community service is performed:

\_\_\_\_\_

Date	Description of Activity	Number of hours completed	Verified by ( please initial)

Month of \_\_\_\_\_ Total Number of hours Completed \_\_\_\_\_

**WARNING:** Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

I certify that I performed the activities and hours reported above in compliance with the Community Service Requirement.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_



South Carolina  
REGIONAL HOUSING AUTHORITY No. 3



Doris Jamison  
Director of Public Housing

Tel: 803-259-4624  
Fax: 803-591-0464  
djamison@scrha3.org

Tenant \_\_\_\_\_

Complex \_\_\_\_\_

Unit # \_\_\_\_\_

## Community Services and Self-Sufficiency Requirement Certification For Non-Exempt Individuals Annual Renewal

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

I understand that as a resident of public housing, I am required by law to contribute 8 hours per month of community service or participate in an economic self-sufficiency program. I certify I have complied with this requirement.

Head of Household Signature:

\_\_\_\_\_

Date : \_\_\_\_\_

Required Participant Signature:

\_\_\_\_\_

Date: \_\_\_\_\_



South Carolina  
REGIONAL HOUSING AUTHORITY No. 3



Doris Jamison  
Director of Public Housing

Tel: 803-259-4624  
Fax: 803-591-0464  
djamison@scrha3.org

## Notice of Non-Compliance Community Service/Self-Sufficiency Requirement

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Please be advised that South Carolina Regional Housing Authority No.3 has not received verification or evidence of completion of the required eight (8) hours a month of community service for the following non-exempt adult family member(s) of your listed family over the 12 month term of your lease.

_____	_____ hours not completed <b>for the year ending</b> _____
_____	_____ hours not completed <b>for the year ending</b> _____
_____	_____ hours not completed <b>for the year ending</b> _____

Please provide the proper verification to our office within ten (10) business days from the date of this letter. If you or a family member has failed to perform the required 8 hours of community service per month you are therefore in non-compliance of the community service requirement.

Unless the head of household and non-compliant resident enters into an agreement with the housing authority to cure any non-compliance with the community service requirement, your lease will not be renewed or will be terminated.

The determination of non-compliance is subject to the administrative grievance procedure under South Carolina Regional Housing Authority No. 3's Grievance Procedure.

Your cooperation in this matter is needed for the renewal of your lease.

Sincerely,

\_\_\_\_\_  
Property Manager



South Carolina  
REGIONAL HOUSING AUTHORITY No. 3



Doris Jamison  
Director of Public Housing

Tel: 803-259-4624  
Fax: 803-591-0464  
djamison@scrha3.org

Tenant \_\_\_\_\_  
Unit No. \_\_\_\_\_  
Complex \_\_\_\_\_

## AGREEMENT OF COMPLIANCE

Community Service/ Self-Sufficiency Requirement

In accordance with the provisions of South Carolina Regional Housing Authority No.3's Community Service /Self-Sufficiency Policy:

I/we agree to complete all deficient service hours over the next 12-month period. The number of deficient service hours are for the review year and will be completed by \_\_\_\_\_. I/we further understand that I/we must perform the required hours for the current year as well.

I/we further assure that all members of the family who are subject to the service requirement are currently complying with the service requirement or assure that the non-compliant member no longer resides in the unit.

I/we understand that South Carolina Regional Housing Authority No. 3 may issue a 30-day notice to vacate if the service hour requirements are not brought into compliance by \_\_\_\_\_. I /we understand what qualifies as community service and what types of programs qualify for self-sufficiency participation.

The non-compliant member of the household, \_\_\_\_\_, is no longer living in the unit and will duly be removed from the lease.

I/we do hereby agree to enter into this contract agreement with South Carolina Regional Housing Authority No. 3. The reason for this agreement is due to failure on my/our part to complete the eight (8) hours of Community Service or enter into an Economic Self-Sufficiency program in the last lease term in accordance with the terms of the lease.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date





South Carolina  
REGIONAL HOUSING AUTHORITY No. 3



Doris Jamison  
Director of Public Housing

Tel: 803-259-4624  
Fax: 803-591-0464  
djamison@scrha3.org

Date: \_\_\_\_\_  
Head: \_\_\_\_\_  
Apt. No.: \_\_\_\_\_  
Complex: \_\_\_\_\_

**OPPORTUNITY TO CURE NON-COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENTS**  
**Memorandum of Agreement**

I, \_\_\_\_\_, agree to complete as many hours of community service or economic self-sufficiency activity needed to make up the total number of hours needed to comply with the requirement over the past twelve (12) month period.

The cure shall occur over the twelve (12) month period beginning \_\_\_\_\_  
(Date)

and shall at the same time stay current with that year's community service requirement.

The first hours earned will go towards my current commitment until current year's commitment is made.

*If any applicable family member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or fall behind in their obligation under the agreement to perform community service by more than three (3) hours after three (3) months, South Carolina Regional Housing Authority No. 3 shall take action to terminate the lease.*

South Carolina Regional Housing Authority No. 3

By: \_\_\_\_\_  
Property Manager

\_\_\_\_\_  
Non-Compliant Resident

\_\_\_\_\_  
Date



South Carolina  
REGIONAL HOUSING AUTHORITY No. 3



Doris Jamison  
Director of Public Housing

Tel: 803-259-4624  
Fax: 803-591-0464  
djamison@scrha3.org

Community Service and Self-Sufficiency Requirements Certification  
For Non-Exempt Individuals

**Entrance Acknowledgement**

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

I have received and read the Community Service and Self-Sufficiency Requirements (CSSR). I understand that as a resident of public housing, I am required by law to contribute 8 Hours per month (96 hours over the course of every 12 month period) of community service or participate in and economic self-sufficiency program. I further understand that if I am not exempt, failure to comply with CSSR is grounds for lease nonrenewal. I understand that I may submit a self-certification of compliance with the CSSR, and that my self-certification of compliance may be subject to validation with the organization for which I completed the required hours. My signature below certifies I received notice of this requirement at the time of initial program participation.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_



South Carolina  
REGIONAL HOUSING AUTHORITY No. 3



Doris Jamison  
Director of Public Housing

Tel: 803-259-4624  
Fax: 803-591-0464  
djamison@scrha3.org

Community Service and Self-Sufficiency Requirements Certification  
For Non-Exempt Individuals

**Annual Renewal**

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

I understand that as a resident of public housing, I am required by law to contribute 8 Hours per month (96 hours over the course of every 12 month period) of community service or participate in and economic self-sufficiency program. I further understand that if I am not exempt, failure to comply with CSSR is grounds for lease nonrenewal. I understand that I may submit a self-certification of compliance with the CSSR, and that my self-certification of compliance may be subject to validation with the organization for which I completed the required hours. My signature below certifies I received notice of this requirement at the time of initial program participation.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_



South Carolina  
REGIONAL HOUSING AUTHORITY No. 3



Doris Jamison  
Director of Public Housing

Tel: 803-259-4624  
Fax: 803-591-0464  
djamison@scrha3.org

## Self-Certification

I \_\_\_\_\_, am self-certifying that I have completed **A total of 8 hours community service or self-sufficiency as required per month. A month may not be skipped and doubled up the next month.** This report should be turned in to the office of SCRHA NO.3 on a monthly basis.

Resident: \_\_\_\_\_ Unit # \_\_\_\_\_ Complex: \_\_\_\_\_

Address: \_\_\_\_\_

Housing Authority Representative: \_\_\_\_\_ Tel. # \_\_\_\_\_

**Name and address of Agency or entity where community service is performed:**

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

Date	Description of Activity	Number of hours completed	Verified by ( please initial)



**South Carolina**  
**REGIONAL HOUSING AUTHORITY No. 3**



**Month of** \_\_\_\_\_ **Total Number of hours Completed** \_\_\_\_\_

**WARNING:** Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

***I certify that I performed the activities and hours reported above in compliance with the Community Service Requirement.***

**Resident Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_