Elba Housing Authority (HA) Community Service Requirements Policy

I. Community Service Requirements

- A. Based on federal requirements (Ref: 24 CFR 960.600) all public housing residents must comply with the requirements of performing community service as outlined in this policy. All non-exempt residents eighteen (18) years of age or older must perform volunteer 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. This requirement is effective with resident reexaminations of family income and composition on or after July 1, 2001. For example, if a head of households reexamination date is July 1, 2001, the resident(s) must comply with the community services requirement and perform eight (8) of community service per month effective July 1, 2001.
- B. All non-exempt residents must meet the following criteria during each 12 month period of their dwelling lease by:

Contribute 8 hours per month of community service (not including political activities); or

2. Participate in an economic self-sufficiency program for 8 hours per month; or

3. Perform 8 hours per month of combined activities as described in 1 and 2 above.

II. Criteria for Exempt Status

In accordance with Section XX of the Admissions and Continued Occupancy Policy the following adult family members are exempt from performing community service:

A. 62 years of age or older - since the date of birth is verified at admission the birth date specified in the HA accounting system will be the date used to establish to age of a person.

B. Persons with qualifying disabilities which prevents the individual=s compliance. The individual must provide appropriate documentation to support the qualifying disability.

Note: Individuals that qualify for a disability for occupancy reasons may provide a self certification that indicates that their disability keeps them from performing community service (See attachment no. 1). Also, other persons (not classified as disabled) may be exempted in this category if they provide a written Doctors statement, which specifies their medical condition and that they are not capable of complying with the community service requirement due to their medical condition.

- C. Persons engaged in work activities as defined in section 407.(d) of the Social Security Act (42 U. S. C. 607 (d)), as specified for the hours and activities below:
 - 1. Unsubsidized employment (minimum of 20 hrs per week); (Amended 9 28

04 from 30 hrs per week to 20 hrs per week)

- 2. Subsidized private-sector employment (minimum of 30 hours per week);
- 3. Subsidized public-sector employment (minimum of 30 hours per week);
- 4. Work Experience (including work associated with the Refurbishing of publicly assisted housing) if sufficient private sector employment is not available (minimum of 30 hours per week);

5. On-the-job-training (minimum of 8 hours per month);

6. Job-search and job-readiness assistance (minimum of 8 hours per month);

7. Community Service Programs (minimum of 8 hours per month);

8. Vocational educational training (not to exceed 12 months with respect to any individual and a minimum of 8 hours per month);

9. Job-skills training directly related to employment (minimum of 8 hours

per month);

- 10. Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency (minimum of 8 hours per month);
- 11. Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate (minimum of 8 hours per month); and,

12. The provision of childcare services to an individual who is participating in a community service program (minimum of 8 hours per month);.

D. Persons participating at least eight (8) hours an month in a welfare-to-work program. An example in this category is the JOBS program, which is administered by the Department of Human Resources.

E. Any member of a family receiving assistance from and in compliance with a State program funded under Part A, Title IV of the Social Security Act. This would be programs funded through the Department of Human Resources and all family members would be exempt from the community service requirements.

F. Any person that is the primary caretaker of a blind or disabled individual. The person for whom the individual is a caretaker for must certify (see attachment 2 for certification form) that the caretaker is their primary source of care and that their disability requires a caretaker. Also, please note that the blind or disabled person may be a resident or non-resident of public housing. If a resident is the primary caretaker for a non-resident, a written statement will be required from a doctor or knowledgeable professional that the person being cared for requires a caretaker due to the health condition individual.

III Proof of Compliance with the Community Service Requirement

Each head of household must present to the HA Housing Manager documentation that he/she <u>and</u> all other persons eighteen years of age or older living in the household, who are not exempt has complied with this section. The documentation must be provided to the Housing Manager, by the head of household, at least **20 calendar days** prior to the required annual reexaminations of family income and composition. Documentation may include a letter from the agency on letterhead or other official document. The letter or other official document must contain the following information:

- A. Agency Name
- B. Officials Name from Agency and Title
- C. Total Hours worked by resident
- D. Sign and date for following certification: I, _______ has performed eight (8) hours per month of volunteer community service work for this agency over the past twelve months for the total number of hours indicated.
- E. The letter must be signed and dated by the certifying official.

Note: At the head of households option a certification form prepared by the HA may be obtained from the Housing Manager in the Rental Office and used by the agency to make the certification of compliance to the HA (See attachment no. 3).

IV. Failure to comply with the Community Service Requirements

The HA will verify compliance of each applicable family member, who is required to fulfill the community service requirement during annual reexamination. If the head of household fails to provide the signed certification to the HA, a determination of noncompliance will be made and the resident notified, in writing, of their noncompliance (See attachment no. 4). The letter will explain the resident=s status and what actions the resident must take to remedy to noncompliance (See attachment no. 5).

V. Qualifying Agencies and other Agency approvals for Volunteer Community Service

Any agency that is designated as a non-profit agency and serves the public is an authorized agency for performing community service. The following is a list of qualifying agencies and/or organizations and their telephone number: All Churches (check yellow pages for applicable telephone numbers).

Covenant Community Church—897-2288 Elba Church of Christ—897-2057 Elba Church of GOD—897-2989 Elba First Assembly of GOD—897-6625 Elba First Baptist Church—897-2246
Elba United Methodist Church—897-2219
Elba Zion Missionary Baptist Church—897-2022
Evangelist Temple COGIC—897-7955
Greater New Zion Baptist Church—897-5545
Harris Temple Church of GOD in Christ—897-2332
Taylor Hill Community Baptist Church—897-1478
The Church of Jesus Christ—897-6468
Westside Baptist Church—897-2520

Elba Senior Center—897-3019 Elba City Library—897-6921

The agencies listed above do not represent all the eligible agencies in Elba and Coffee County; however, if a resident chooses an agency that is not listed above to perform community service, the resident must submit the name of the agency and/or organization to the Housing Manager, in writing, prior to performing the community service. A decision will be made on the agencies eligibility and the resident will be notified, in writing, if the agency is approved or disapproved. If the agency is disapproved the resident is entitled to follow the grievance procedure to try and resolve the dispute.

Note: It is the responsibility of the resident to contact qualifying agencies (as listed above) and make the necessary arrangements to perform community service as outlined in this policy. Also, it is the responsibility of the Head of Household to ensure that all non-exempt family members comply with the community service requirements.

VI. Qualifying Agency for Participation in an economic self-sufficiency program for 8 hours per month

As noted in Section I B 2 above, non-exempt residents may meet the community service requirements by participating in an economic self-sufficiency program. Therefore, if a resident chooses to participate in an economic self-sufficiency program, the Head of Household must submit the name of the agency and/or organization to the Housing Manager, in writing, prior to performing the community service. A decision will be made on the agencies eligibility and the resident will be notified, in writing, if the agency is approved or disapproved. If the agency is disapproved the resident is entitled to follow the grievance procedure to try and resolve the dispute.

VII. Procedure for Processing Changes to Exempt or Non-Exempt Status

The Head of Household must notify the Housing Manager within ten (10) calendar days after there is a change in any family members exempt status as defined in section II above. Therefore, a change from exempt to non-exempt or non-exempt to exempt must be reported by the Head of Household within (10) calendar days of the change for any affected household member.

Printed Name and Address of Head of Household		
Signature of Head of Household	Date	
Signature of HA Representative	Date	

Elba Housing Authority (HA)
I,(Print Name)	, certify that my disability (for which I receive
a disability allowance from the	HA) prevents me from performing the required ACommunity
Service@ requirements.	
Resident Signature	Date
UA Depresentative	pate

Elba Housing Authority (HA)

Ι,	, certify that my disability requires that I h	
(Print Name) caretaker and	is my primary caretaker.	
Resident Signature	Address	Date
Caretaker Signature Address	Date	_
HA Representative	Date	 -

Community Service Certification Form for the Elba Housing Authority

Resident Name:(Print Name)	
(Print Name)	
Address:	
Total Hours Worked:	
I, certify (Print Name)	hat the above name person has performed
eight (8) hours per month of volunteer community	service work for our agency over the past
twelve months for the total number of hours indicate	ed.
Name of Agency/Organization (print)	
Signature and Title of Authorized Person	Date

Elba Housing Authority (HA) Notice to Head of Household of Non-compliance with the Community Service Requirement

Date:
Resident Name; Address:
Dear
The HA has reviewed your activities regarding compliance with the Community Service Requirement and has determined that you (or name of household member) has not fulfilled the community service requirements for the lease term ending The reason for this determination is as follows: (appropriate reason(s) is checked below)
You failed to furnish the HA a signed certification form a qualified organization indicating that you (or name of household member) have met the required service requirements.
You (or name of household member) failed to perform the necessary eight (8) hours per month of volunteer community service for the lease period.
As a result, the HA will not renew your lease at the end of the twelve month lease period unless one of the following actions are taken:
 As Head of Household you may enter into a written agreement (copy enclosed), to cure the noncompliance. The enclosed agreement must be executed within five business days of the date of this letter or no later than; or B. As Head of Household you may provide a written notice to vacate, which complies with Section IV (HH) of the dwelling lease. Section IV (HH) states, A To provide to the Landlord with 10 calendar days advanced notice of intent to vacate and terminate this agreement. The notice shall be in writing and delivered to the project office or Landlord=s central office or sent by U.S. Mail properly addressed. Upon termination of this agreement, Tenant agrees that the dwelling shall not be considered Avacated@ for rental charge purposes only, until such time as the keys are returned and the Landlord accepts the unit.@ C. If you fail to take action as identified in A or B above your dwelling lease will be terminated.
You have the right to request an informal settlement conference, either orally or in writing. Also, a grievance hearing may be requested pursuant to the grievance hearing procedure. If you desire a conference or hearing, please call me at within five business days of the date of this notice, or no later than
Sincerely,
, Housing Manager
Enclosure

Elba Housing Authority

Agreement by Resident to Perform C	ommunity Service Requirements
regulations and the HA=s Communit	have failed and/or persons in my household have vice Requirements as required by applicable federal y Service Requirements Policies. Non-exempt residents arounity service per month or participate in 8 hours of an er month or a combination of both.
previous twelve months and I agree to the next twelve months to comply we provide a monthly certification (as sp Requirement Policy) to the Housing community service requirements. In Housing Manager no later than the fi	nired eight (8) hours per month of community service in the perform 16 hours per month of community service over the the community service agreement. I also agree to ecified in Section III of the Community Service Manager to document that I am complying with the inderstand that the certification must be provided to the rest working day of the month the community service was a service performed in September, the certification is due not tober.
I also understand that if I do not com	ply with this agreement, my lease will be terminated.
Signature of Head of Household	Date
Signature of HA Representative	Date