

**MOULTRIE & DOERUN HOUSING AUTHORITY
CERTIFICATION FORM
COMMUNITY SERVICE WORK ACTIVITIES**

I, _____, an adult family member of the household that resides

at _____, do acknowledge that I am required to
 Street Address City, State

complete 8 hours of Community Service per month to remain eligible for the annual renewal of my lease. This form must be turned into the office following the month of completing your community service. If you assist an elderly person you must list activity, their name and phone number.

Signature

<u>ACTIVITY (S) PERFORMED</u>	<u>HOURS COMPLETED</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
TOTAL HOURS	_____

This service was performed during the month of _____, 20_____.

Housing Representative Date