



## ALBUQUERQUE HOUSING AUTHORITY

### APPENDIX IV COMMUNITY SERVICE AND SELF-SUFFICIENCY POLICY

[24 CFR 960, Subpart F]

The Quality Housing and Work Responsibility Act of 1998 as amended, and HUD Notice PIH 2003-17 “Reinstatement of the Community Service and Self-Sufficiency Requirement”, requires all non-exempt public housing adult residents (18 or older) to contribute a minimum of 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 Dwelling Lease.

#### **COMMUNITY SERVICE REQUIREMENTS:**

1. Eight (8) hours per month of community service within his or her community, or participate in an economic self-sufficiency program. The requirements can also be met by a combination of the two.
2. An individual may not skip a month and then double up the following month, unless approved by AHA.
3. Activities must be performed within the community and not outside the jurisdictional area of AHA.

**COMMUNITY SERVICE** is “The performance of 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”.

#### **Community Service activities include, but are not limited to:**

Work at a local institution including, but not limited to, a school, child care center, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, indigent feeding program, cooperative food bank, etc.

Note: Political activity volunteer work is excluded.

#### **SELF-SUFFICIENCY** activities include, but are not limited to:

1. Job readiness or job training;
2. Higher education (junior college or college);
3. GED classes;

4. Apprenticeships (formal or informal);
5. Substance abuse or mental health counseling;
6. Reading, financial and/or computer literacy classes;
7. English as a second language and/or English proficiency classes;
8. Budgeting and credit counseling;
9. Any activity required by the Department of Public Assistance under Temporary Assistance for Needy Families (TANF).

## **FAMILY OBLIGATIONS**

At initial lease execution and during annual re-certification, all adult members (18 years or older) **MUST**:

1. Sign the Certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the Community Service requirements will result in non-renewal of their Dwelling Lease, to include possible eviction proceeding for non-compliance with this federal requirement.
2. If applicable, provide verifiable documentation that they are exempt from Community Service requirements due to exemption.

**Exempt Adult** – an adult member of the family who:

- a. Is 62 years of age or older;
- b. Is blind, disabled or the primary caretaker for such individual;
- c. Is working at least 20 hours per week;
- d. Is participating in welfare to work program;
- e. Is exempt from participating in a required TANF self-sufficiency program, on the basis that he/she is a single parent caring for a child under age 6 and care is not available.
- f. Is a student with a minimum of 6 credit hours.

### **Change in exempt/non-exempt status**

If during the twelve (12) month period, a non-exempt person becomes exempt, it is his/her responsibility to report this immediately to their AHA Housing Services Specialist and provide verifiable 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 AHA. At which time the person is required to fully comply with the Community Service obligations.

### **Reporting of Community Service**

Every three (3) months, non-exempt family members must provide AHA with the “Record and Certification of Community Service” form, as evidence of the community service activities performed in the previous three (3) months. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of community service hours contributed by the family member. The form will be maintained in the tenant’s file.

### **Failure to Comply**

If a family member is found to be non-compliant at the annual re-certification, he/she and the Head of Household shall sign a Community Services Re-Payment Agreement with AHA, to make up the community service deficient hours over the next twelve (12) month period. Lease renewal is contingent upon compliance of the Community Service requirement.

## **AHA OBLIGATIONS**

To the greatest extent possible and practicable, AHA will:

1. Provide names and contacts of agencies that can provide opportunities to fulfill Community Service obligations
2. Provide in-house opportunities for volunteer work or self-sufficiency programs.
3. AHA will provide the family with the Certification, Exemption verifications and Recording/Certification forms and a copy of this policy at initial lease execution and annual re-certification
4. AHA will make the final determination as to whether or not a family member is exempt from the Community Service requirement. Residents may use AHA Grievance Procedure if they disagree with AHA's determination.
5. Non-compliance of family member [24 CFR 960.607]:
  - At least 30 days prior to annual re-examination and/or lease expiration, AHA will begin reviewing the exempt or non-exempt status and compliance of family members;
  - If AHA finds a family member to be non-compliant, AHA may enter into an agreement with the non-compliant member and the head of household to make up the deficient hours over the next (12) month period;
  - If at the next annual re-certification, the family member is still non-compliant, the lease will not be renewed and the entire family will have to vacate the unit. If necessary, AHA will file a petition with the Metropolitan Court to evict the family from the unit. The family may use AHA Grievance Procedure to protest the lease termination/eviction.

**ALBUQUERQUE HOUSING AUTHORITY**  
**Community Service Compliance Certification**

I/We have received a copy of, have read and understand the contents of Albuquerque Housing Authority Community Service/Self-Sufficiency Policy; and

I/We understand that this is a requirement of the Quality Housing and Work Responsibility Act of 1998 as amended and that if I/we do not comply with this requirement, AHA is required by federal regulation to terminate my lease; and

I/We understand that the undersigned are NOT EXEMPT from the Community Service Policy requirements and must provide AHA with verifiable documentation that I/We have fulfilled the Community Service obligation(s) of 8 hours community service/self-sufficiency per month, and

I/We further understand that I/we am not considered EXEMPT from the Community Service Policy until all supporting exemption documentation has been approved by AHA. If, at any time, I/We do not qualify for an exemption to the policy, I/we will be required to comply and fulfill the Community Service obligations.

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

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

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

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

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

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

**ALBUQUERQUE HOUSING AUTHORITY**  
**COMMUNITY SERVICE EXEMPTION CERTIFICATION**

I certify that I have provided verifiable documentation and am eligible for an exemption from the Community Service requirement for the following reason(s):

1. [ ] I am least 62 years old or older;
2. [ ] I am blind, disabled or the primary caretaker for such individual.  
(Disability documentation or Letter from Dr. stating individual is primary caretaker must be on file)
3. [ ] I am working a minimum of twenty (20) hours per week;  
(Employment Verification form will serve as documentation)
4. [ ] I am participating in Welfare to Work Program;  
(Must provide a completed and signed WPA from Human Services)
5. [ ] I am exempt from participating in a required TANF self-sufficiency program or work activity, on the basis that I am a single parent caring for a child under age 6 and care is not available.  
(Must provide exemption verification from Human Services)
6. [ ] I am a student with minimum of 6 credit hours  
(Must provide verification from an accredited educational institution)

Signature(s) 18 yrs or older required.

List Exemption(s) No.(s)

		#_____#_____#_____
Tenant	Date	
		#_____#_____#_____
Tenant	Date	
		#_____#_____#_____
Tenant	Date	
		#_____#_____#_____
Tenant	Date	