



Community Service Program Time Verification

I certify that _____ has performed the following hours of service in the program listed below.

DATE(S) OF SERVICE	HOURS OF SERVICE	TYPE OF SERVICE PERFORMED

Place of service _____

Address _____

City, State, and Zip _____

Contact Person _____ Telephone # _____

My signature below indicates that I have performed the work noted above at the listed agency/business.

Tenant Name

Date

My signature below indicates that the above listed person performed the work noted above and I can be contacted for verification, if necessary.

Agency Representative Name

Date

For questions, please contact your Housing Specialists.

FOR OFFICE USE ONLY

Information verified as correct: _____
Housing Rep. Initials
Date