

Housing Authority of Henderson
 Resident Community Service Time Sheet
 (Minimum 8 hours needed each month)

Date Received in Office: _____

Resident: _____ Address: _____

SSN: _____ DOB: _____

THIS TIME SHEET MUST BE TURNED IN MONTHLY TO AVOID NON-COMPLIANCE ACTIONS

AGENCY –NAME ADDRESS	TELEPHONE NUMBER (FOR VERIFICATION)	LOCATION WHERE COMMUNITY SERVICE PERFORMED	NUMBER OF HOURS COMPLETED	SUPERVISOR NAME & SIGNATURE	DATE COMMUNITY SERVICE HOURS OBTAINED

To be completed by Resident: **Hours performed are subject to verification by the Housing Authority of Henderson

I hereby certify that I have completed hours as indicated above for the month/year of .
 I understand that if my minimum of 8 hours were not met, that I must make up any additional hours along with the next month's minimum requirement.

Resident's Signature (Required)

Date

Comments: _____

Office Use Only:

Received by: _____ Posted by: _____ Date Posted: _____