**Community Services and Self-Sufficiency Requirement Certification**

**For Exempt Individuals**

**Entrance**

I certify that I am eligible for an exemption from the Community Service requirement for the following reason:

( ) I am 62 or older

( ) I have a disability

 **(Certification of Disability Form will serve as documentation)**

( ) I am working at least 10 hours per week

 **(Employment Verification form will serve as documentation)**

( ) I am participating in a Welfare-to-Work Program

 **(Must provide verification letter from Agency)**

( ) I am receiving TANF and am participating in a required economic self-sufficiency program or work activity

**(Must provide verification from the funding Agency that you are complying with job training or work requirements)**

( ) I am a student

 **(Must provide verification letter from school attending)**

( ) I am the primary caretaker of a family member with a disability and the family member lives in my household

Resident’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DMHA Designee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_