



Akron Metropolitan Housing Authority
 100 West Cedar Street
 Akron, Ohio 44307
 (330) 762-9631
www.akronhousing.org

Community Service Self-Declaration

Member Name:							
Address:							
Start Date:		End Date:					
	Agency/ Organization/School	Address, City, Zip	Phone Number	Description/ Activity/Event	Agency Signature & Title	Date	Hours Completed
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							
						Total Hours Completed	

A full list of eligible self-sufficiency activities can be found on our website at www.akronhousing.gov

I hereby declare, under penalty of perjury under Federal law, that I have completed at least 8 hours per month (96 hours in the last year) of community service (NOT including political activities) in the community in which I reside, or I've participated in an economic self-sufficiency program for at least 8 hours per month (96 hours in the last year). I am aware the Housing Authority will verify a random sample of these self-declarations to confirm the hours of service I have reported.

 Household Member Signature

 Date