



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 Specialist.

<u>FOR OFFICE USE ONLY</u>
Information verified as correct: _____