



GRANITE CITY HOUSING AUTHORITY  
2517 NAMEOKI ROAD  
P. O. BOX 794  
GRANITE CITY, IL 62040

**COMMUNITY SERVICE REQUIREMENT WAIVER  
SELF CERTIFICATION**

Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Apt# Street City State Zip

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

Relationship to Head of Household:  Self  Spouse  Child  Other \_\_\_\_\_

**I, the undersigned submit that I am exempt from fulfilling the Community Service Requirement for the following reason/s: (Check Boxes)**

- I am working a minimum of 8 hours per month  I have a disability  
 I am in school or taking job-readiness classes  I am blind  
 I am caring for a family member who has a disability

**I have enclosed the following verification for the reasons noted above (Check Boxes)**

- A letter from my employer indicating start date and number of hours each week or copies of at least three pay stubs verifying at least 8 hours each month.  A copy of my SSI letter. Social Security of SS-Disability Letter OR Letter from my medical provider documenting the period of time that I am unable to work.  
 A letter from my school or educational program Or a copy of this semester's schedule  Verification of blindness  
 A letter from medical provider verifying family member's need for a caretaker and SSI letter or SS-Disability letter from family member with a disability

**I certify that the information above is correct.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_