

**FAIRFIELD
METROPOLITAN
HOUSING
AUTHORITY**

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Lancaster, OH 43130

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EQUAL HOUSING
OPPORTUNITY

*Serving Our Community
with Safe and Affordable
Housing*

All weapons, including handguns or other firearms, concealed or not, are prohibited on FMHA premises, including all parking areas.

It is the policy of the FMHA to make reasonable accommodations for customers with a disability when appropriate and to work with those customers to find mutually acceptable solutions to problems.

COMMUNITY SERVICE COMPLIANCE CERTIFICATION

Please indicate which option for each member of the household that is 18 years of age or older. There is a blank line after each option to fill in the name of each member to whom it applies.

- I AM 62 YEARS OR OLDER (Name: _____)
- I HAVE A DISABILITY WHICH PREVENTS ME FROM WORKING (If not receiving Social Security disability – you MUST provide the Doctor name, address, phone and fax number to verify disability for each household member)
(Name: _____)
- I AM A CARETAKER OF A DISABLED PERSON IN MY HOME
(Name: _____)
- I AM WORKING AT LEAST 20 HOURS A WEEK (FAXED Verification needed)
(Name: _____)
- I AM ATTENDING CLASSES OR SELF-SUFFICIENCY ACTIVITIES THAT WILL HELP TOWARD ECONOMIC INDEPENDENCE (FAXED verification from teacher/school)
(Name: _____)
- I AM PARTICIPATING IN A WELFARE TO WORK PROGRAM (FAXED verification letter from agency) (Name: _____)
- I AM RECEIVING TANF AND AM PARTICIPATING IN A REQUIRED ECONOMIC SELF SUFFICIENCY PROGRAM OR WORK ACTIVITY OR I AM EXEMPT DUE TO HAVING A CHILD(REN) UNDER THE AGE OF 6 IN THE HOUSEHOLD.
(Name: _____)
- NONE OF THE ABOVE APPLY TO ME
(Name: _____)

I/WE certify that I am eligible for an exemption from the Community Service requirement for the following reason as indicated above for each household member. I/We have received a copy of, have read and understand the contents of the Authority's Community Service and Self-Sufficiency Policy. I/We understand that this is a requirement of the Quality Housing and Work Responsibility Act of 1998 and that if we do not comply with this requirement, our lease will not be renewed at the end of the twelve (12) month lease term.

Resident Date

Resident Date