

County Department of Social Services

Verification of Participation

To the Executive Director:

Housing Authority or Resident Management Corporation

Name of Client:	Social Security #
------------------------	--------------------------

In accordance with HUD's regulations at 24 CFR §5.612, the client named above has requested that we provide you with written verification of factors that affect their annual income eligibility and rent calculation. This form is being provided so that HUD may comply with the regulations of the Quality Housing & Work Responsibility Act of 1998 with regards to verifying participation by any adult public housing resident in a self-sufficiency or job training program.

The client named above is: *(Check one)*

- A resident of one of your public housing developments.
- An applicant for admission to public housing.
- A participant in your Section 8 certificate or voucher program.
- An applicant for assistance under your Section 8 certificate or voucher program.

The above named client is a participant in a self-sufficiency or job training program.
Date of Entrance:

PUBLIC HOUSING ONLY [Section 508]. This regulation states that a Public Housing Authority (PHA) cannot increase a public housing family rent for a period of twelve months if the increase in income results from a previously unemployed family member; earnings of a family member during participation in a self-sufficiency or job training program; or earnings of a family member that had been receiving welfare in the previous six months. *This regulation also applies to Section 8 participants if funds are made available.*

Section 12(c) of the United States Housing Act enacted on October 12, 1998, as section 512 of the Quality Housing and Work Responsibility Act of 1998, contained the community service and self-sufficiency requirement that every adult resident of Public Housing contribute eight hours of community service each month, **or participate in an economic self-sufficiency program for eight hours each month.**

Date participant completed training: _____

Date participant entered employment: _____

Signature _____

Date _____

Title _____