



**The Housing Authority of the County of Cook**  
**COMMUNITY SERVICE / ECONOMIC SELF-SUFFICIENCY**  
**VERIFICATION FORM**

CLIENT NO. \_\_\_\_\_ UNIT NO. \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ ALTERNATE NO: \_\_\_\_\_

**\*\*NOTICE\*\***

*Federal law requires adult residents of public housing to provide eight (8) hours of community service or to receive eight (8) hours of self-sufficiency training as a condition for retaining their tenancy. This form should be signed by the supervisor of the organization for whom service were provided or by the instructor where training was given on each occasion when service or training was provided.*

*Additional verification forms are available from the Central Management Office. Please retain and submit all completed verification forms as part of your annual income review.*

NAME: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE	SERVICE OR TRAINING	COMPANY	HRS	SUPERVISOR / INSTRUCTOR	
				Print: _____	
				Sign: _____	Telephone No: _____
				Print: _____	
				Sign: _____	Telephone No: _____
				Print: _____	
				Sign: _____	Telephone No: _____
				Print: _____	
				Sign: _____	Telephone No: _____
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				Sign: _____	Telephone No: _____
				Print: _____	
				Sign: _____	Telephone No: _____
				Print: _____	
				Sign: _____	Telephone No: _____
<b>TOTAL HOURS</b>					

**FOR OFFICE USE ONLY**

POSTED BY:		INITIALS:		DATE:	
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**WARNING:** Making a false statement or providing false information is a criminal offense under federal and local law. This agency will prosecute violations of this notice.