

### Verification of Community Service

To: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Tenant: \_\_\_\_\_  
\_\_\_\_\_ Address: \_\_\_\_\_

The Housing Authority is required by federal statute and regulation to administer the community service program in public housing. We are required to confirm and track participation in an economic self-sufficiency or community service activity. We ask your cooperation in supplying the information requested below.

Housing Authority Representative \_\_\_\_\_ Khristian Ralls  
Tel. # 770-957-4494 ext. 3 Email: [kralls@mcdonoughha.org](mailto:kralls@mcdonoughha.org)

I do hereby authorize any agency or entity where community service or self-sufficiency activity took place to furnish the Housing Authority with the information requested.

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date	Description of Activity	Hours	Signature/ Contact number

Warning: Title 18, Section 1001 of United States Codes states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_