

# Community Services and Self-Sufficiency Requirement (CSSR) Certification

## For Non-Exempt Individuals

### Initial and Recertification Program Participation

I have received and read the Community Services and Self Sufficiency Requirement (CSSR) Policy. I understand that as a resident of public housing, I am required by law to contribute 8 hours per month (96 hours over the course of a year) of community service or participate in an economic self-sufficiency program. I further understand that if I am not exempt, failure to comply with CSSR is grounds for lease nonrenewal. My signature below certifies that I received notice of this requirement at the time of initial program participation.

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Resident

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Date

## For Exempt Individuals

I certify that I am eligible for an exemption from the CSSR for the following reason:

- I am 62 or older
- I have a disability which prevents me from working  
*(Certification of Disability Form will serve as documentation)*
- I am the caretaker of a disabled person *(Notarized Primary Caretaker Certification will serve as documentation.)*
- I am working at least 30 hours per week (see CSSR Policy for activities)  
*(Employment Verification form will serve as documentation)*
- I am receiving and am compliant with requirements of the Temporary Assistance for Needy Families (TANF) *(Must provide verification from the funding agency that you are complying with job training or work requirements)*
- I am receiving and am compliant with requirements of the Supplemental Nutrition Assistance Program (SNAP) *(Must provide verification from the funding agency that you are complying with job training or work requirements)*
- I am receiving assistance, benefits, or services under another welfare program of the State (including a State-administered Welfare-to-Work program) and am in compliance with such program's requirements. *(Must provide verification from the funding agency that you are complying with job training or work requirements)*

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Resident

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Date

*Bastrop Housing Authority does not discriminate against persons on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.*

## Record and Certification of CSSR Activities

Resident Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

DATE OF ACTIVITY (MO/DAY/YEAR)	TYPE OF SERVICE ACTIVITY	TYPE OF TRAINING PROGRAM	TYPE OF EDUCATIONAL PROGRAM	# OF HOURS	NAME OF COMPANY/ORGANIZATION	SIGNATURE OF SUPERVISING OFFICIAL
			<b>*TOTAL HOURS</b>			
			<b>*Total Should be 96</b>			

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