

Chapter 11 Part 1b Initial Certification

Community Services and Self-Sufficiency Requirement (CSSR) Certification For Non-Exempt Individuals

Initial Program Participation

Date: _____

Participant Name: _____

I have received and read the Community Services and Self Sufficiency Requirement (CSSR) Policy. I understand that as a resident of Shelton Housing Authority, I am required by law to contribute eight (8) hours per month (ninety-six (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.

Signature: _____

Date of Signature: _____