## **Chapter 11 Part 1d – Exemption Certification**

Resident Signature

## **Community Service and Self Sufficiency Requirement (CSSR) Exemption Certification**

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 [ ] 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 in compliance 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 in compliance 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) Print Resident Name

Date