

# COMMUNITY SERVICE VERIFICATION FORM

DATE: \_\_\_\_\_  
HEAD OF HOUSEHOLD: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

I HEREBY AUTHORIZE THE RELEASE TO CHEYENNE HOUSING AUTHORITY ALL INFORMATION RELATING TO MY COMMUNITY SERVICE.

SIGNED: \_\_\_\_\_ LAST 4 OF SOCIAL SECURITY # \_\_\_\_\_

I \_\_\_\_\_, PUBLIC HOUSING PARTICIPANT, DID PROVIDE A TOTAL OF \_\_\_\_\_ COMMUNITY SERVICE HOURS FOR THE FOLLOWING: (PLEASE SPECIFY AND COMPLETE BELOW)

\_\_\_\_\_ NON PROFIT ORGANIZATION/  
LOCAL PUBLIC ORGANIZATION \_\_\_\_\_  
COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CONTACT PHONE NUMBER \_\_\_\_\_  
DATE \_\_\_\_\_

\_\_\_\_\_ CHILD CARE FOR THE FOLLOWING PUBLIC HOUSING RESIDENT \_\_\_\_\_  
SO THAT THEY COULD VOLUNTEER WITH:  
ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_  
CONTACT PHONE NUMBER \_\_\_\_\_  
DATE \_\_\_\_\_

TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT. HUD, THE PHA AND ANY OWNER (OR ANY EMPLOYEE OF HUD, THE PHA OR THE OWNER) MAY BE SUBJECT TO PENALTIES FOR UNAUTHORIZED DISCLOSURES OR IMPROPER USES OF INFORMATION COLLECTED BASED ON THE CONSENT FORM. USE OF THE INFORMATION COLLECTED ON THIS VERIFICATION FORM IS RESTRICTED TO THE PURPOSES CITED ABOVE. ANY PERSON WHO KNOWINGLY OR WILLFULLY REQUESTS, OBTAINS OR DISCLOSES ANY INFORMATION UNDER FALSE PRETENSES CONCERNING AN APPLICANT OR PARTICIPANT MAY BE SUBJECT TO A MISDEMEANOR AND FINED NOT MORE THAN \$5,000. ANY APPLICANT OR PARTICIPANT AFFECTED BY NEGLIGENT DISCLOSURE OF INFORMATION MAY BRING CIVIL ACTION FOR DAMAGES, AND SEEK OTHER RELIEF, AS MAY BE APPROPRIATE, AGAINST THE OFFICER OR EMPLOYEE OF HUD, THE PHA OR THE OWNER RESPONSIBLE FOR THE UNAUTHORIZED DISCLOSURE OR IMPROPER USE. PENALTY PROVISIONS FOR MISUSING THE SOCIAL SECURITY NUMBER ARE CONTAINED IN THE SOCIAL SECURITY ACT AT 42 U.S.C.208 (f), (g) AND (h). VIOLATION OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 U.S.C. 408 f, g AND h.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION MAY BE CONSTRUED AS FRAUD OF A FEDERAL PROGRAM.

NAME OF CONTACT/ORGANIZATION \_\_\_\_\_

SIGNATURE OF CONTACT/ORGANIZATION \_\_\_\_\_

## FOR OFFICE USE ONLY:

VERIFIED BY \_\_\_\_\_ DATE \_\_\_\_\_

CONTACT PERSON/ORGANIZATION \_\_\_\_\_