## North Central Florida Regional Housing Authority PO Box 38 Bronson, Florida 32621 1-800-664-5197/352-486-5420 FAX 352-486-5423

## TO BE COMPLETED BY ORGANIZATION

Address of Contact Per	Organization son Name/Position:	
Public Religion City/C	tal Care Center Service Agency	
Date	Hours Worked	Description of work completed
Authorized S	Signature of Organization	n Date
	TO BE COMPL	ETED BY HOUSING RESIDENT
are required resident und been grante individual r	member of The Levy C I to perform eight (8) ho ler the Public Housing part d and exemption. Exemp	NITY SERVICE AGREEMENT ounty Housing Authority (anyone 18 years of age or older) urs of community service each month in order to remain a rogram. This requirement does not apply if the resident has otions include 1. Age 62 or older, 2. Is a blind or disabled s employed full time, and/or 4. Is enrolled in a welfare to and/or job search.
forth by the I have been	US Department of HUD	rvice hours necessary, in order to fulfill the requirements set and The North Central Florida Regional Housing Authority. al consequences and penalties should I not complete the
HOURS	COMPLETED:	
***Resi	dent signature:	***Date <b>:</b>