



Community Service Exemption

DATE _____

THIS IS TO CERTIFY THAT I AM EXEMPT FROM THE COMMUNITY SERVICE REQUIREMENT DUE TO:

- _____ ELDERLY (62 OR OLDER)
- _____ DISABLED (AS DEFINED BY POLICY)
- _____ PARTICIPATION IN WELFARE TO WORK PROGRAM ALREADY
- _____ PERFORMING COMMUNITY SERVICE
- _____ PRIMARY CARETAKER OF DISABLED PERSON
- _____ EMPLOYED
- _____ FULL-TIME STUDENT
- _____ TENANT IN FAMILY PAYING FLAT RENT
- _____ SNAP
- _____ I HAVE RECEIVED A COPY & UNDERSTAND I AM NOT EXEMPT

Signature

Date

Signature

Date