Housing Authority
of Alameda County

22941 Atherton Street • Hayward, California 94541-6633
Main: (510) 538-8876 Fax: (510)886-7058 TDD (510) 727-8551

The 3rd Party Verification Form must be completed each quarter and submitted by the date indicated. The form must be completed and signed by the organization for which you perform community service. One form must be completed for each family member required to perform community service, or participate in economic self-sufficiency activities.

Third-Party Verification Form
Community Service/Economic Self-Sufficiency Requirement

I verify that I have performed the following volunteer work to satisfy the 8-hour per month community service/economic self-sufficiency requirement:

Date	# of Hours	Organization (name / address /phone #)	★ Third-Party Signature

★ A representative from the organization for which you perform community service/economic self-sufficiency activities must sign on the line certifying that you have completed the hours noted.

Total Hours: _____

(Please Check Applicable Quarter)

❒ 1st Quarter 200_	❒ 2nd Quarter 200_	❒ 3rd Quarter 200_	❒ 4th Quarter 200_
January February March	April May June	July August September	October November December
Verification Form Due April 15th	Verification Form Due July 15th	Verification Form Due October 15th	Verification Form Due January 15th

_____ _____
Name **Date**

_____ _____
Address **Phone Number**

Kw 3/25/03