

NORWALK HOUSING AUTHORITY
Community Service Monthly Record of Compliance Log

MONTH: _____ **FAMILY MEMBER (NAME):** _____

HEAD OF HOUSEHOLD (NAME): _____

ADDRESS:

Instructions to resident family: Please complete one line of this form each time you volunteer or participate in a self-sufficiency activity during the month. Present this form to your supervisor for signature each time. Within ten (10) days of the end of the month, you must return the form to NHA's Family Services Coordinator and pick up a new form for the current month. Please remember that your volunteer hours must add up to eight (8) hours per month.

Instructions to the agency for which the volunteer work was performed: Please have the supervisor sign once for each time the family member named above volunteered or participated in a self-sufficiency activity, to verify the number of hours.

DATE	HOURS	SPONSORING AGENCY	VOLUNTEER/ACTIVITY	PHONE NUMBER	SUPERVISOR (print name)	SUPERVISOR (initials)