

Sandra J. Beston  
Chairwomen  
Charles A. Jeseo  
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# Watervliet Housing Authority

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Charles V. Patricelli  
Executive Director

Tracey Freemantle,  
C.P.A.  
Fee Accountant

Resident Name: \_\_\_\_\_

Apartment: \_\_\_\_\_

- Day
- Hilton
- Joslin

I hereby certify that I am exempt from the community service and self-sufficiency requirement for the following reasons:

- \_\_\_\_\_ A. 62 or older
- \_\_\_\_\_ B. Blind or disabled (as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 416(i)(1); 1382c) and who certify that because of this disability they are unable to comply with the service provisions; or primary caretakers of such individuals.
- \_\_\_\_\_ C. Engaged in work activities as defined in section 407(d) of the Social Security Act (42 U.S.C. 607(d), specified below: (circle one)
  - i. Unsubsidized employment;
  - ii. Subsidized private-sector employment;
  - iii. Subsidized public-sector employment;
  - iv. Work experience (including work associated with the Refurbishing of publicly assisted housing) if sufficient private sector employment is not available;
  - v. On-the-job-training;
  - vi. Job-search and job-readiness assistance;
  - vii. Community service programs;
  - viii. Vocational educational training (not to exceed 12 months with respect to any individual);
  - ix. Job-skills training directly related to employment;
  - x. Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency;
  - xi. Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate; and
  - xii. The provision of childcare services to an individual who is participating in a community service program.
- \_\_\_\_\_ D. Family members who are exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program
- \_\_\_\_\_ E. Family members receiving assistance under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program

As proof of exemption I have provided one of the following: a signed doctor's statement, pay stubs, a signed letter from a supervisor/case manager verifying my participation in work activities or proof of compliance in welfare to work or any other State welfare program.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date