



200 Ross Street, 6th Floor
Pittsburgh, PA 15219
Phone: 412 456-5075
Fax: 412 456-5259

Email: communityservice@hacp.org

Community Service Verification

Date: _____

TO WHOM IT MAY CONCERN:

I hereby authorize and request you to provide the Housing Authority of the City of Pittsburgh with information about my volunteer services. This verification form is necessary in order to establish my eligibility for the housing program(s) for which I have applied. Information secured will be held as confidential and used only to administer the Housing Authority's programs.

Client Name: _____

Address: _____

Social Security # _____ Signature _____ Date _____

Name of Volunteer Provider _____

Address _____

Dates of Service	____/____/____	Hours	_____
	____/____/____	Hours	_____

Description _____

Total Hours _____

Print Name _____

Signature _____

Phone # _____