

Una versión en Español de este documento está disponible en su Oficina de Gestión, en la Oficina Central del CHA o en la página web de CHA: www.cambridge-housing.org
 Yon vèsyon Kreyòl Ayisyen pou dokiman enpòtan sa-a disponib nan Biwo Administrasyon-a, nan Biwo Santral CHA, epi nan sit intènèt CHA: www.cambridge-housing.org.
 A versão em Português deste documento está a sua disposição no seu Escritório de Gerencia, no Local Central de Gerencia do CHA, e no Website do CHA: www.cambridge-housing.org

COMMUNITY SERVICE/SELF-SUFFICIENCY EXEMPTION CHECKLIST

(Complete this form for each household member 18 years of age or older)

Head of Household: _____
(Please Print)

Name of household member: _____
(Please Print)

Address of household member: _____

Date of review: _____

Name of staff reviewer: _____

Family Exemptions

Note: You do not need to answer every question. If you mark YES to ANY question, then the entire family is exempt.

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| 1. Does the resident or any member of the resident's family/household receive TAFDC? And is the family not being sanctioned for failure to comply with receive work requirements? Check yes only if you answer yes to both questions | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Does the resident or any member of the resident's family/household receive SSI/SSDI? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Does the resident or any member of the resident's family/household receive EAEDC? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Does the resident or any member of the resident's family/household receive childcare subsidized by the Office of Child Care Services ("OCCS") or the Department of Education's Community Partnerships for Children? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Does the resident or any member of the resident's family/household Receive the state Earned Income Tax Credit? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Does the resident or any member of the resident's family/household Receive state Veteran's Services benefits? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Individual Exemptions

Note: You do not need to answer every question. If you mark YES to ANY question, then the individual is exempt

1. Will the resident be sixty years of age or older before the next regular recertification? Yes No
2. Is the resident disabled?
(If yes, please check one) Yes No
- Does the resident receive SSDI disability benefits?
 - Does the resident receive MassHealth due to disability?
 - Does the resident have a disability that meets the TAFDC standard for disability exemption? (See attached verification of disability form)
3. Does the resident need to care for a disabled family member? Yes No
4. Is the resident a parent or caretaker of a child under the age of two Who lives in his/her home? Yes No
5. Is the resident within the last 120 days of pregnancy? Yes No
6. Is the resident a teen parent age 18 or 19 and attending full-time high school or a full-time GED training or work program that totals at least 20 hours per week? Yes No
7. Is the resident on TAFDC and exempt from its work program? Yes No
8. Is the resident a foster parent taking care of a foster child with serious care needs as determined by the Department of Social Services? Yes No
9. Is the resident engaged in one or more of the following types of work activities? (If yes, please check one) Yes No
- Paid work including self-employment
 - On the job training
 - Job search and job readiness
 - Vocational and job skills training or job-related education (such as GED)
 - Paid or unpaid childcare for someone who is doing public housing
Community service or TAFDC community service

Signature of Head of Household

Date