



Morristown Housing Authority

PO Box 497
600 Sulphur Springs Road
Morristown, TN 37813-5568

Telephone (423) 586-5115
TN Relay Center (800) 848-0298
Fax (423) 586-3014

Community Service Time Sheet

Resident Name: _____ Phone: _____

Address: _____

All hours are to be in the office by the 27th each month. Do not photocopy time sheet or reproduce in anyway. Time completed is for current month or delinquent months only! If anything appears to be forged in any way, the coordinator will call to verify all listed hours.

Community Service Hours Completed:

Date	Description of Work	Location	Number of Hours	Verification of Daily Task (Initials of Agency Staff)

My signature below certifies the hours listed were completed at my location by the resident listed at the top of the form.

Supervisor (Print Name)

Supervisor Signature

Resident Signature

Date

Warning: Title 18, Section 100 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.