Community Service Participation Log

Seattle Housing Authority

Name: _____ **SS#:** _____ **Unit #:** _____

Date	Description/Activity/Event	Hours Completed	Organization/Group Name	Contact Name (Please Print)	Signature Verifying Services/Participation	Phone Number

Total Hours This Page

I certify that I have performed the activities described above in compliance with the Community Service Requirement.

_____ _____

Signature Date

SHA-XXXX (4/01)