

PBHA COMMUNITY SERVICE PARTICIPATION VERIFICATION LOG

NAME: _____ DEVELOPMENT: _____

ADDRESS: _____

DATE	ACTIVITY/EVENT	HOURS WORKED	AGENCY/GROUP	CONTACT NAME (PRINTED)	SIGNATURE VERIFYING SERVICES	NUMBER

**TOTAL HOURS
THIS PAGE**

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

Signature

Date

TO BE COMPLETED BY PBHA STAFF

DATE RECEIVED: _____

STAFF MEMBER: _____