



## **BUFFALO MUNICIPAL HOUSING AUTHORITY**

*Division of Tenant Relations*

312 Perry Street, Buffalo, NY 14204

Telephone (716) 855-7580 x305

### **Community Service and Self-Sufficiency Requirements**

#### **POLICY**

##### **Overview**

The Quality Housing and Work Responsibility Act of 1998 establishes requirements that mandate all non-exempt public housing residents between the ages of 18 and 61 years of age to contribute eight (8) hours of community service each month or participate in a self-sufficiency program for eight (8) hours each month. The work requirement Mandate is applicable to residents residing in Federal developments only.

##### **Exempt Adult Residents**

- Elderly (62 years or older)
- Is blind or disabled as defined under the Social Security Act and who certifies that because of this disability she or he is unable to comply with the service provisions;
- Is a primary caretaker of such disabled individual;
- Is engaged in work activities (minimum 8 hours per month)
- Meets requirements for being exempt from having to engage in a work activity under the State program funded under the Social Security Act,; or
- Is a member of a family receiving assistance, benefits or services under a State program funded under the Social Security Act, including a state administrating welfare-to-work program, and has not been found by the State or other administrating entity to be in noncompliance with such a program.

##### **Benefit to Residents**

The community service and self-sufficiency requirement can provide another option for residents who are unemployed and not exempt from the service requirement. These individuals can explore and experience work environments and training opportunities that may not have been possible for them without this provision.

##### **Benefit to Buffalo Municipal Housing Authority**

Residents with more experience and exposure to the world of work would ultimately enhance the quality of life for themselves and their families. This could lead to long-range benefits to improving the economic and social environment of the public housing community.

#### **AGREEMENT FOR PARTICIPATION IN THE COMMUNITY SERVICE & SELF-SUFFICIENCY REQUIREMENT**

I agree to fulfill my obligations under the Community Service & Self-Sufficiency Requirement that requires residents to preform eight (8) hours of community service each month, or

**Office: 716.855.6711 • Fax: 716.855.6761 • TDD: 716.855.6725**





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participate in a self-sufficiency program for at least eight (8) hours every month. This requirement does not apply to elderly persons, disabled persons, caregivers, persons already

working, persons enrolled in job training or persons exempted from the work requirements under State Welfare-to-Work programs.

I am aware that all family members who are subject to the service requirement will comply with the Service Agreement and that failure to fulfill this obligation is a violation of Section II .14 of the dwelling lease.

It is understood that I will be required to immediately contact the BMHA Resident Services to schedule an appointment. At this appointment, I will select an activity to begin fulfilling my obligation. Listed below are the Housing Aides assigned to your development and their phone number to schedule an appointment.

**Contact:** Robert DeBereaux, Grants Coordinator at (716) 430-1915 or rdebereaux@bmhahousing.com  
**Developments:** Kenfield/Langfield, Ferry Grider Apts., A. D. Price, Msgr. Geary Apts., Schwab Terrace, Fredrick Douglass

**Contact:** Ivy Johnson, Housing Aide at (716) 380-9819 or ijohnson@bmhahousing.com  
**Developments:** Commodore Perry, Kelly Gardens, Mullen Manor, Villa Carolina, Slater Courts, Kowal Apts., and Lower Westside Homes

**Contact:** Ndidi Nwabugwu, Housing Aide at (716) 367-1211 or nnwabugwu@bmhahousing.com  
**Developments:** Sedita, Stuyvesant, Shaffer Village, Jasper Parrish, LaSalle Courts, Holling Homes, Camden Apts. and Elmhurst Apts.

\_\_\_\_\_  
 Signature (Resident/Community Service Participant)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature (Resident/Community Service Participant)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Management Office (BMHA Staff)

\_\_\_\_\_  
 Date

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