

Access to Children/Shared Custody of Children - Signed Confirmation

Name	
Address	
Telephone no. Email address	

I write to confirm that I am the Mother/Father of the following children and that I support the housing application for;

Name of Applicant	
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I can confirm that the above named is the mother / father of the children listed below and that he/she has the child(ren) stay 2 nights each week

Please tick

I can confirm that the above named is the mother / father of the children listed below and that he/she has the child(ren) stay 3 or more nights each week

Applicant – If you have any supporting evidence of the number of nights for example court paperwork, letter from solicitor, social worker, health visitor can you please provide a copy.

Title	Name	Sex M/F	Date of Birth	Current Address	Nights per week

If you wish to provide any further comments please give details below

Print Name mother/father	
Signature of mother/father	
Date	

Confirmation by Applicant – I _____ confirm that the information on this form is correct.

Date - _____

Further information on how your personal information is used and why, can be found on www.fife.gov.uk/privacy/FHR

For information:

When a child/children stay with applicant two nights, no matter how many children there are the applicant is only entitled to one additional room.

A child /children that stays 3 nights or more are classed as household members and as a result the application is assessed as the children live with the applicant full time. The ages and sex of the children are taken into account to assess overcrowding and the bedroom entitlement the applicant will be awarded.