



**IN CONFIDENCE**

**INFORMATION REGARDING CONTACT WITH CHILDREN**

This form should be completed where you are applying for a new home, and you have shared caring responsibilities for a child/children. This will include a situation where you are still living in the family home following a relationship breakdown, and a situation where you are currently staying at a separate address from your child/children.

In order for us to make a decision on the size of property you will be considered for, this form should be completed to provide us with information regarding any children who will stay with you on a part-time basis when you move.

You will not automatically be considered for a larger property. The information you provide will be checked and verified with the person who shares caring responsibility. Our Officers will then make an assessment on the size of accommodation you should be considered for.

Full details are available in [Shetland Islands Council's Housing Allocation Policy](#) and [Hjaltland Housing Association's Allocation Policy](#) which is available for you to read at the following addresses:

Shetland Islands Council  
Development Services — Housing  
8 North Ness Business Park  
Lerwick  
Shetland ZE1 0LZ  
Telephone 01595 744360  
email [housing@shetland.gov.uk](mailto:housing@shetland.gov.uk)  
website [www.shetland.gov.uk/housing](http://www.shetland.gov.uk/housing)

Hjaltland Housing Association  
6 North Ness Business Park  
Lerwick  
Shetland ZE1 0LZ  
Telephone 01595 694986  
email [mail@hjaltland.org](mailto:mail@hjaltland.org)  
website [www.hjaltland.org](http://www.hjaltland.org)

Application Number SIC

Application Number HHA

**PLEASE COMPLETE IN BLOCK CAPITALS—A SEPERATE FORM IS NEEDED FOR EACH CHILD**

**Section 1—Applicant/s Details**

1	Are you applying to	SIC only <input type="checkbox"/>	SIC and HHA <input type="checkbox"/>	HHA only <input type="checkbox"/>
2	Name/s of applicant/s who share responsibility for child/children	<input type="text"/>		<input type="text"/>
		<input type="text"/>		<input type="text"/>
3	Present address	<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>	Postcode	<input type="text"/>
4	Applicant's email address	<input type="text"/>		
5	a) If you have children to visit, is it at this address?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	b) If not, at what address do they stay with you?			
	Address	<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>	Postcode	<input type="text"/>

## Section 2—Details of Child

Please complete a separate page for each child

Child's Name

Child's Date of Birth

Your relationship to child

What is the name of the person who the child lives with?

What is their relationship to the child?

What address is considered the child's main home?

Address

Postcode

Telephone

**If the child does not live with you, how often does the child currently stay with you overnight?**

Please provide full details below, eg weekly, weekends, school holidays etc.

**How often will the child/children stay with you overnight if you secure a move to alternative accommodation?**

Please provide full details below, eg weekly, weekends, school holidays etc.



### Section 3—Relevant Contacts

To help verify the information you have provided, please complete the following table with contact details of the person who shares caring responsibility with your child/children and any other relevant contacts. We will make contact then, using the details you provide, if required to help with the assessment.

Relevant Contact	Contact Name	Phone Number	Email Address
Parent/Guardian			
Family Social Worker			
Other			

If you have formal arrangements through a court ruling or a mediation service, please enclose copies with this application.

### Section 4—Applicant Declaration

I/we understand that if the information I/we give is false, this could result in my application for housing being suspended and/or the loss of any tenancy I/we may have been given.

I/we give permission for the persons listed above to be contacted to confirm the details of this application.

Signature of applicant(s). If you are joint applicants, both should sign the form even although the child may only be related to one of you.

Signature  Date

Print Name

Signature  Date

Print Name

If your circumstances alter and/or the amount of contact you have with the child/children is changed, it is important that you notify us of the change. If you are allocated a house and the amount of contact you have with the children changes after that, you should contact your landlord regarding an application for a transfer to a smaller or larger house.

Review of property size will not be completed unless this form has been signed by both parties and the information verified. If there are relationship difficulties between parents/guardians then either SIC Housing or Hjaltland staff can be contacted for help.

### Section 5 — Declaration of other parent/guardian with whom the children live

I confirm that the information provided in Sections 1 and 2 is correct.

YES  NO

If this information is not correct, please explain why below.

Signature  Date

Print Name

Please send this form to SIC or HHA.

Application Number