



WEST VALLEY CITY HOUSING AUTHORITY VERIFICATION OF CHILD CUSTODY BY THIRD PARTY

The purpose of this form is to gather necessary information required for determining the status of physical custody of a minor child, in circumstances where a formal agreement or court order relating to custody of the minor child currently does not already exist. Additional information may be submitted along with this form for review. All documents are subject to approval by the West Valley City Housing Authority. Additional information may be required.

SECTION I. TO BE COMPLETED BY PRIMARY PARENT/CARETAKER OF MINOR CHILD

MINOR CHILD	LAST NAME				FIRST NAME				MIDDLE NAME						
	PLACE OF BIRTH (COUNTY & STATE)						DATE OF BIRTH				LAST 4 OF SSN		GENDER		
	MOTHER OF CHILD (LAST NAME, FIRST NAME)						DATE OF BIRTH				FATHER OF CHILD (LAST NAME, FIRST NAME)				DATE OF BIRTH
PRIMARY PARENT	LAST NAME				FIRST NAME				M.I.						
	PLACE OF BIRTH (COUNTY & STATE)						DATE OF BIRTH				LAST 4 OF SSN				
	STREET ADDRESS								UNIT #						
	CITY				STATE				ZIP						
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> HOW LONG HAS THE MINOR BEEN IN YOUR PRIMARY PHYSICAL CUSTODY? YEAR(S) MONTH(S) </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> HOW LONG HAVE YOU RESIDED AT THIS ADDRESS? YEAR(S) MONTH(S) </div>														

PARENT CERTIFICATION & RELEASE CONSENT	<input type="checkbox"/> I certify that the Minor Child listed above, is in my physical custody/household <u>full-time</u> (minimum 51% of the calendar year), making me the Primary/Custodial Parent.											
	<input type="checkbox"/> I certify that there are no existing legal/court custody agreements at this time.											
	<input type="checkbox"/> I understand that this form is for the use of the WVCHA for verification purposes only. I understand that this form does not represent, substitute or override a legal contract or agreement of any kind. I understand that the WVCHA does not have any type of involvement or responsibility, in any such agreements in this matter, now or in the future.											
	<input checked="" type="checkbox"/> I certify that the information provided on this form is accurate and complete to the best of my knowledge and belief.											
PRIMARY PARENT SIGNATURE (CERTIFICATION ACKNOWLEDGEMENT)				LAST NAME, FIRST NAME (PLEASE PRINT)				DATE				

CONSENT / AUTHORIZATION OF RELEASE OF INFORMATION											
<input checked="" type="checkbox"/> I, _____, authorize the information contained on this form, as well as any additional information or documentation that may be requested, to be released by the authorized Third Party Institution described below. I authorize the West Valley City Housing Authority to obtain/request any of mine or my child's information, for verification purposes.											
PRIMARY PARENT SIGNATURE (RELEASE OF INFORMATION CONSENT)				LAST NAME, FIRST NAME (PLEASE PRINT)				DATE			

SECTION II. TO BE COMPLETED BY THIRD PARTY INSTITUTION/AGENCY ONLY

NAME OF INSTITUTION / AGENCY				TYPE OF INSTITUTION / AGENCY				OFFICE TELEPHONE			
STREET ADDRESS						CITY, STATE		ZIP		FAX	
NAME OF REPRESENTATIVE FOR INSTITUTION / AGENCY				TITLE / POSITION		TELEPHONE		EMAIL			
Please complete the following exactly as indicated in your records:											
CHILD: _____											
PARENT / PRIMARY CONTACT: _____						OTHER CONTACT: _____					
LAST NAME, FIRST NAME						DATE OF BIRTH					
LAST NAME, FIRST NAME						LAST NAME, FIRST NAME					
Based on the information/documentation that you have reviewed:											
Has the identity of both the child, and the parent have been verified by the institution/agency? <input type="checkbox"/> Yes / <input type="checkbox"/> No											
Do you believe the child to live in the full time custody/care of the parent named above? <input type="checkbox"/> Yes / <input type="checkbox"/> No											
I certify that the information I have provided in this section is accurate and complete to the best of my knowledge and belief.											
THIRD PARTY REPRESENTATIVE SIGNATURE (THIRD PARTY CERTIFICATION)				LAST NAME, FIRST NAME (PLEASE PRINT)				DATE			

NOTICE: Completed original form may be returned to our office **Mon-Thurs 7:00am-6:00pm**. Copies will not be accepted, unless faxed, mailed, or emailed **directly from Third Party only**.

