Strategic & Private Sector Housing, Peoples Directorate, Wigan Council, PO Box 100, Wigan, WN1 3DS

E-mail: PSHAdvice@wigan.gov.uk



Immigration Inspection Form

If you require an Immigration Inspection of your property, please complete this form and send it to the above address. We will then contact you to arrange an appointment. There is no charge for this service.

Part 1: Details of the sponsor and the p	roperty			
1. Name of the sponsor				
2. Address of the sponsor				
·				
3. Address of the property to be inspected				
(if different)				
4. Name and telephone number(s) of the				
person to contact to arrange an				
appointment to inspect the property				
	l			
Part 2: Details of all the current occupa	nts of the p	roperty (in	cluding s	ponsor)
Name	Male /	Date of	Age	Relationship
	Female	Birth	J	to sponsor
1.				•
2.				
3.				
4.				
5.				
6.				
Total bedrooms needed (leave blank)				
				1
Part 3: Details of all the proposed addit	ional occu	pants of the	property	1
Part 3: Details of all the proposed addit Name	ional occuj Male /	pants of the Date of		/ Relationship
			e property Age	
	Male /	Date of		Relationship
Name	Male /	Date of		Relationship
Name 1.	Male /	Date of		Relationship
1. 2.	Male /	Date of		Relationship
1. 2. 3.	Male /	Date of		Relationship
1. 2. 3. 4.	Male /	Date of		Relationship
1. 2. 3. 4. 5.	Male /	Date of		Relationship
Name 1. 2. 3. 4. 5. 6.	Male /	Date of		Relationship
Name 1. 2. 3. 4. 5. 6.	Male /	Date of		Relationship
Name 1. 2. 3. 4. 5. 6. Total bedrooms needed (leave blank)	Male / Female	Date of Birth	Age	Relationship to sponsor
Name 1. 2. 3. 4. 5. 6. Total bedrooms needed (leave blank) Part 4: Declaration	Male / Female	Date of Birth	Age	Relationship to sponsor
1. 2. 3. 4. 5. 6. Total bedrooms needed (leave blank) Part 4: Declaration I am the sponsor and I declare that, to the	Male / Female	Date of Birth	Age	Relationship to sponsor
1. 2. 3. 4. 5. 6. Total bedrooms needed (leave blank) Part 4: Declaration I am the sponsor and I declare that, to the	Male / Female	Date of Birth	Age	Relationship to sponsor
1. 2. 3. 4. 5. 6. Total bedrooms needed (leave blank) Part 4: Declaration I am the sponsor and I declare that, to the information I have given above is correct. Signature:	Male / Female	Date of Birth	Age	Relationship to sponsor
1. 2. 3. 4. 5. 6. Total bedrooms needed (leave blank) Part 4: Declaration I am the sponsor and I declare that, to the information I have given above is correct.	Male / Female	Date of Birth	Age	Relationship to sponsor