St.Helens Council

PROPERTY ASSESSMENT FORM FOR IMMIGRATION PURPOSES

This form should be completed in **BLOCK CAPITALS** and returned to:-

St. Helens Council
Private Housing Initiatives
People's Services Department
Town Hall
Victoria Square
St. Helens
WA10 1HP

Address of Property to be Occupied:.....

..... Post Code:.....

SECTION A **Who is the Immigration Application for?**

Name (in full)	Relationship e.g. Husband, Wife, Son, Daughter	Age	Male or Female (M) (F)
Mr/Mrs/Miss/Ms			
Mr/Mrs/Miss/Ms			
Mr/Mrs/Miss/Ms			
Mr/Mrs/Miss/Ms			

Name of High Commission:.....

..... Reference Number:.....

SECTION B **Details of the Sponsor**

Name (in full) Mr/Mrs/Miss/Ms:.....

Address:.....

.....

Post Code:..... Telephone Number: .....

Relationship to Applicants: .....

SECTION C **Property to be Occupied**

Address:.....

Tenure

Is the house (Please tick appropriate box):

Owner Occupied ☐ Privately Rented ☐ Housing Association ☐ Council Owned ☐

Habitable Rooms – (not kitchens, bathrooms or store rooms)

Measure the length and width of the rooms in metres and centimetres (not feet and inches).

Living Rooms – where located, e.g. Front/middle/rear	**Width (metres)**	**Length (metres)**
1.		
2.		
3.		
4.		
Bedrooms – where located, e.g. ground floor/ 1st or 2nd floor, front, middle/rear		
1.		
2.		
3.		
4.		
Other Rooms – not kitchens or bathrooms, where located and what used for		
1.		
2.		
3.		

SECTION D Current Occupants

Name (in full)	Relationship e.g. Husband, Wife, Son, Daughter	Age	Male or Female (M) (F)
Mr/Mrs/Miss/Ms			
Mr/Mrs/Miss/Ms			
Mr/Mrs/Miss/Ms			
Mr/Mrs/Miss/Ms			

SECTION E Declaration

I declare that to the best of my knowledge, information and belief, the information provided in this Assessment Form is correct.

Signed:..... Date:.....

Print Name:.....

Data Protection Act 1998

The Data Controller is St. Helens Council.

The data you provide will be used to process and determine your request for a property assessment for immigration purposes.

For Office Use Only

Permitted number of persons: .....

Space Standard:.....

Room Standard:.....

Total Existing Occupants (person equivalent):.....

Number of extra persons permitted:.....

From Assessment Visit

The property has been assessed as: (tick box) Free from Category 1 hazards? ☐

Signature of Officer:..... Date:.....

Print Name:.....