Sample Third Party Top-Up Financial Assessment

PLEASE COMPLETE THIS FORM IN FULL AND RETURN THE COMPLETED FORM TO THE ADRESS AT THE END OF THIS FORM.

TORWITO THE ADMESS AT THE END OF TH	IO I OINW.
Amount of Third Party Top-Up: £	per week
How are you intending to pay the Third Party To	op-Up?
Savings	
Please provide copies of the statement of acco	unt where the savings are held.
Income	
Please confirm your income and expenditure as documentation.	nd provide any supporting

Income per week	Amount	Expenditure per week	Amount
	,		7 5 1
Total:		Total:	

Difference between Income and Expenditure: £ per week

Name:		
Signature:	-	
Date:	-	
Please return this form by email to client_financeteam@batto	thnes.gov.uk	or by post
Client Finance Team, Lewis House, Manyers Street.		

In keeping with the EU's new General Data Protection Regulation (GDPR), we have recently updated our Privacy Policy to clarify how we protect your personal information. Our updated policy provides more details on:

The information that we collect;

Bath, BA1 1JG

- o How we use this information, why we store, and why we retain it; and
- How you can request that your information is updated, corrected, or deleted.

Details on the policy can be found here:

 $\underline{\text{http://www.bathnes.gov.uk/services/your-Council-and-democracy/data-protection-and-freedom-information/Council-privacy-notice-0}}$

Alternatively a paper copy can be made available upon request.