

SOCIAL SECURITY OVERPAYMENTS: HOW TO FILE A WAIVER



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Why File a Request for Waiver?

If you have received a **Notice of Overpayment** from the Social Security Administration (SSA), it is because the SSA thinks you got more money than you should have. Read the notice and try to figure out why SSA thinks you got too much money. You can also call SSA or go to the nearest office to ask them.

The diagram shows a form titled "Social Security Administration Supplemental Security Income Notice of Overpayment". It includes fields for Recipient, Office Address, Telephone Number, Date, and Social Security Number. Below these are two numbered sections: 2900 and 2916. Callouts explain the purpose of these sections and the waiver process.

**Social Security Administration
Supplemental Security Income
Notice of Overpayment**

Recipient
Street Address
City, State Zip Code

Office Address:
Street Address
City, State Zip Code

Telephone Number:
(000) 000-0000

Date:

Social Security Number:
999-99-9999

2900 We are writing to let you know that we've paid you \$\$\$.00 too much Supplemental Security Income (SSI) money. The overpayment happened in Month/Year. You were overpaid because of your spouse's pension.

2916 You must pay us back unless we decide you shouldn't have to pay us back or we're wrong about the overpayment. If you think you shouldn't have to pay us back or you disagree with the decision about the overpayment, you can:

If you file a waiver before 30 days pass, they won't start trying to take the money back from you. See "page 6" for details.

You can tell if it's a Notice of Overpayment by looking at the top of the letter. It will say "Notice of Overpayment."

The first part should also explain why they were overpaid. If you disagree with this part, you can file for reconsideration. See our other packet, "SSI Overpayments: Reconsideration."

The first part will tell you how much SSA thinks you were overpaid.

Why File a Request for Waiver?

So what do you do? You have three options:

1. If Social Security is wrong about the overpayment, you can appeal their decision. This is called a **"Reconsideration."** You can ask for reconsideration up to 65 days after the date on the letter.
2. If Social Security is right about the overpayment, but you don't think it was your fault, you can ask for a **Waiver.**
3. If Social Security is right about the overpayment, and it is your fault, you will have to pay it back. But, you can still ask to pay it back on an **affordable payment plan.**

What causes an overpayment?

There are a number of things that can cause SSA to give you more money than you should get. Here are some common reasons:

- **Your income changed.** For example, if you started working, or you got a pay raise, your benefits may go down or stop.
- **Your resources changed.** SSA counts the value of some resources, like bank accounts, and second cars. If you have resources that add up to more than \$2,000 (\$3,000 for a couple), you cannot get SSI.
- **Your household changed.** For example, you live with more or less people than before. Or, you pay less money for food and rent than your other household members.
- **You are no longer disabled,** but you kept getting SSI.

How to File for Waiver

Step 1: To file a Request for Waiver, fill out form SSA-632-BK, called a "Request for Waiver of Overpayment Recovery."

A copy has been attached to this packet.

Step 2: You can also attach a cover letter explaining why the overpayment wasn't your fault and you can't afford to pay it back.

Need help? If you need help filling out the form, ask an SSA worker to help you.

NOTE: If your overpayment is for less than \$1,000, that overpayment is called an administrative overpayment. There is an easier way to ask for a waiver for an administrative overpayment. Check out NLSLA's guide to requesting an Administrative Overpayment.

Form SSA-632-BK (04-2019) UF Discontinue Prior Editions Social Security Administration	Page 1 of 14 OMB No. 0960-0037
Request for Waiver of Overpayment Recovery	
When To Complete This Form	
Complete this form if any of the following applies:	
<ul style="list-style-type: none">• You think that you are not at fault for the overpayment and you cannot afford to pay the money back.• You think that you are not at fault and you think the overpayment is unfair for some other reason.	
We will use your answers to decide if you have to pay the money back. If we decide you do not have to pay the money back, we call it a waiver. If you also think we made a mistake when we decided that you were overpaid, or if you disagree with the amount of your overpayment, please also complete the SSA-561 , Request for Reconsideration. We call this action an appeal.	

Step 3: Turn in your form. You must give this form to SSA. If you mail the form, keep a copy for yourself. Send it by certified mail with a "return receipt requested."

If you go to the SSA office in person and give it to a worker, ask them for a copy of it. **Have the worker date-stamp it so you can keep it for your records.**



When Should I File for Waiver?

You can file a waiver at any time.
There is no deadline.

But try to file for waiver 30 days from the date on the notice. If you turn in a waiver form within 30 days, SSA will not start taking money out of your check to collect the money back. They will wait until they make a decision on your waiver request.



Whenever you turn in a waiver form, even if it's been years after you got the overpayment notice, Social Security should stop collecting the overpayment until they make a decision on the waiver.

Quick Tip:

SSA assumes you get a notice 5 days after they mail it. That means you actually have 35 days to file the waiver and stop them from collection the money.

What Do I Put in My Request for Waiver?

In order to get a waiver, you must show SSA that:

1. The overpayment was not your fault, and
2. You can't afford to pay the money back.

How does SSA decide if I was "at fault"?

SSA will look at a few different things to decide if you were "at fault" or not. You want to show SSA that you did everything you were supposed to do, but SSA failed to do the right thing. You also may want to show that you made an honest mistake by proving that you didn't try to lie to them or disobey their rules.

Here are some good reasons why the overpayment was "not my fault":

- I tried to tell SSA about it (change in income, disability, etc), but couldn't because something prevented me. For example:
 - I was in the hospital.
 - I had an emergency.
 - My disability makes it hard to report.
- I reported the change (in income, assets, household) to Social Security, but Social Security didn't

do anything about it until I got this overpayment.

- Someone at the Social Security office told me everything was okay, and I believed him/her/them.
- I don't speak English, so I didn't understand that I was supposed to tell Social Security about it.
- I have a disability, and it made it hard for me to understand what I was supposed to do.
- Social Security is misunderstanding me, and if they understood my situation, there wouldn't be any problems.
- In the past, Social Security said I was "no longer disabled." I appealed to a judge, and continued getting my benefits. The judge ruled I am "not disabled." During the appeal, I always cooperated with everything Social Security asked me to do and I believed I was still disabled. So, the overpayment is not my fault.

Try to include as much detail as possible when explaining the situation to Social Security. If you have proof you turned something in, or remember the date you told a worker something about your situation, that is important to share with Social Security.

What Do I Put in My Request for Waiver?

Quick Tip: SSA won't approve your waiver if you simply say "I don't know" or "I don't understand".

Explain why you didn't know. What happened at that time?

How do I show I can't afford to pay them back?

In general, SSA will not force you to pay back the money if it would leave you without enough money to pay your bills.

List your income in the form, including any "public assistance" you get:

- SSI
- CalWORKS
- Certain kinds of VA pensions

Note that some kinds of public assistance you get does NOT count as income:

- Food stamps
- State medical assistance (Medi-Cal)
- Unemployment benefits
- Workers' compensation

If you get SSI, CalWORKS, or VA pension, skip sections 5 – 11 of the waiver form SSA-632.

If you don't get a "public assistance," list all of your living costs and bills in sections 5 through 11 on the waiver form SSA-632.

What do you pay for every month?

- Bills
- Rent
- Loans
- Food

How much do you pay for each item?

Show them that you need all your income to pay for everything you need. Attach evidence of your expenses like:

- Utility bills
- Apartment Lease or rent/mortgage receipts
- Loan repayment plans
- Insurance bills
- Receipts
- Debt payment
- Credit Card Payment

SSA sometimes thinks you have money in the bank, or that you own property. If this isn't true, prove them wrong. Show them papers that prove the money has been spent or is no longer yours.

WARNING: If you DO have money in your bank, DO NOT just give it away to family or friends to hold on to. SSA can accuse you of fraud if you do this, or it will be hard to get back onto benefits. Your benefits may be stopped for much longer if you do this.

What Happens After I File My Waiver Request?

Once SSA gets your waiver request, they will review your form and any papers you gave them.

Two things can happen:

1. SSA can approve your waiver request. This means you won't have to pay it back anymore. You don't need to do anything else.



OR

2. SSA can deny your waiver request. If they are going to deny you, they must first give you a chance to go to a face-to-face meeting called a personal conference. This will be your final chance to convince the worker that you should not have to pay the money back. If you don't attend this meeting, your waiver will be automatically denied.



What Happens at a Personal Conference?

A personal conference is a chance to explain your case in person to an SSA worker. It can be held in person (at the local SSA office), by video teleconference or by telephone. In most cases, you will want to go in person. Be prepared to explain why the overpayment is not your fault, and that you cannot afford to pay it back.

Review Your File

Before you go to the conference, you have the right to review all the papers SSA has about your case. If SSA doesn't send you a letter explaining how you can "review your file," call them and ask to review your file. It will help you figure out why they think you're overpaid.

Give Them Evidence

It's always better to have evidence. Show them papers or records that help you prove why you were not at fault for the overpayment. Clearly explain each of the papers and how they help to prove your point. You can also bring family or friends who know about your life and can back up your story to SSA.

Quick Tip: Make sure to bring your driver's license. It's also a good idea to bring the Notice of Overpayment you got.

Making a Good Impression

When you go to the meeting, you might be frustrated about what's happening. It might be hard to understand what the worker is saying. The worker may be rude, or they might not want to listen to you. Remember that the SSA worker you are meeting with has the power to decide your case. Try to be respectful, but also explain your situation clearly.

You have the right to an interpreter. You can bring your own interpreter (family or friends). You can also have SSA provide you one. They **MUST** provide you an interpreter if you request it.

The Decision

After the meeting, the SSA worker will decide if you have to pay back SSA or not. Usually they decide within 30-60 days, but it might take longer. You will get a written letter mailed to you, granting or denying your request.

What If SSA Denies My Waiver?

You can file an appeal if you disagree with SSA's decision!

- **If you are on SSI**, you must file the "Request for Reconsideration" (SSA-562) in 65 days after the date of the decision.
 - If your Reconsideration is denied, you can appeal a second time by filling out a "Request for Hearing" (HA-501). It tells SSA that you do not agree with their decision and you want to have a hearing with a judge.
- **If you are receiving Title II benefits (like SSDI, Social Security, Retirement, Children's Benefits, Survivor's Benefits)**, you have two options after your waiver is denied:
 - If you met with a worker and had a personal conference, you can appeal to a judge by submitting a "Request for Hearing" (HA-501).
 - If you did not meet with a worker, you should file a "Request for Reconsideration" (SSA-562). You will have another worker make a new decision on the case. If you are denied this second time, then you must submit a "Request for Hearing" (HA-501).

SSI overpayment Waiver Request

- Waiver Denied? Request Reconsideration
- Reconsideration Denied? Request Hearing with a Judge

Title II overpayment waiver request

- Meet with a worker at conference
- Waiver Denied? Request Hearing with a Judge

Title II overpayment waiver request

- Did not meet with a worker
- Waiver Denied? Request Reconsideration
- Reconsideration Denied? Request Hearing with a Judge

Still need help?

Contact NLSLA: 800-433-6251 or nlsla.org
Monday - Friday from 9am - 5pm

Request for Waiver of Overpayment Recovery

When To Complete This Form

Complete this form if any of the following applies:

- You think that you are not at fault for the overpayment and you cannot afford to pay the money back.
- You think that you are not at fault and you think the overpayment is unfair for some other reason.

We will use your answers to decide if you have to pay the money back. If we decide you do not have to pay the money back, we call it a waiver. If you also think we made a mistake when we decided that you were overpaid, or if you disagree with the amount of your overpayment, please also complete the **SSA-561**, Request for Reconsideration. We call this action an appeal.

When Not To Complete This Form

- If you do not wish to request a waiver, but you think we made a mistake when we decided that you were overpaid, or if you disagree with the amount of your overpayment. Instead, please complete the **SSA-561**, Request for Reconsideration.
- You are requesting a hearing before an Administrative Law Judge. Instead, please complete the **HA-501-U5**, Request for Hearing by Administrative Law Judge.
- You **only** want to change the amount of money you must pay us back each month. Instead, please complete the **SSA-634**, Request for Change in Overpayment Recovery Rate.
- You have been convicted of fraud relating to this overpayment.

SECTION 1 - IDENTIFYING QUESTIONS

IMPORTANT: Please answer the following questions as completely as you can and submit any supporting documents with your waiver request. If you need more space for answers, use the "REMARKS" section on page 11.

1.	A. What is the name, Social Security Number, and claim number (if any) of the overpaid person?	
	Name: _____	
	SSN: _____	Claim Number: _____
	B. Are you the overpaid person? <input type="checkbox"/> Yes (go to 4) <input type="checkbox"/> No (go to 1.C)	
	C. If you are filling out the waiver request for the overpaid person, what is your relationship to the overpaid person? (check all that apply)	
	<input type="checkbox"/> I am the overpaid person's parent.	<input type="checkbox"/> I am the overpaid person's representative payee.
	<input type="checkbox"/> I am the overpaid person's spouse.	<input type="checkbox"/> I am the overpaid person's legal guardian.
	<input type="checkbox"/> Other, please explain: _____	

(Options continue on next page)

1. D. If you are not the overpaid person, what is your name or the name of the organization you represent?
Name: _____
- E. If you are the overpaid person's representative payee, were you the representative payee when the overpayment occurred? ☐ Yes ☐ No

SECTION 2 - QUESTIONS FOR REPRESENTATIVE PAYEE

IMPORTANT: If you were the representative payee for the overpaid person when the overpayment occurred, complete Section 2 as it applies to you as the representative payee. Otherwise, go to Section 4.

2. A. Was the overpaid person living with you when he or she was overpaid? ☐ Yes ☐ No
- B. Does the overpaid person currently live with you? ☐ Yes ☐ No
- C. Are you requesting a waiver for a minor child? ☐ Yes ☐ No
- D. Did you tell us about the change or event that caused the overpayment? ☐ Yes ☐ No
- E. Do you still have any of the overpaid money?
☐ Yes (go to 2.F) ☐ No (go to 2.G)
- F. How much of the overpaid money do you still have? \$ _____
- G. Did you use the overpaid money for the beneficiary? ☐ Yes ☐ No (go to 2.H)
- H. Explain how you used the overpaid money:

SECTION 3 - IF YOU ARE RESPONSIBLE FOR A FAMILY MEMBER'S OR ANOTHER INDIVIDUAL'S OVERPAYMENT

IMPORTANT: If we told you in the overpayment notice that you are responsible for a family member's overpayment, complete Section 3. Otherwise, go to Section 4.

3. A. Did we tell you in the overpayment notice that you are responsible for paying back another individual's overpayment? ☐ Yes (go to 3.B) ☐ No (go to 4)
- B. Was the overpaid person living with you when he or she was overpaid? ☐ Yes ☐ No
- C. Did you receive any of the overpaid money? ☐ Yes ☐ No

SECTION 4 - INFORMATION ABOUT RECEIVING THE OVERPAYMENT

IMPORTANT: Please complete questions 4 through 26 as completely as you can. If you are answering the questions for someone else or if you are helping someone fill out the form, check the boxes and answer each question as it applies to the overpaid person.

4. What was your situation when the overpayment occurred? (Check all that apply)
- ☐ I was a child when the overpayment occurred.
- ☐ I was an adult when the overpayment occurred.
- ☐ I was receiving disability benefits from Social Security. (Options continue on next page)

4.	<input type="checkbox"/> I was receiving retirement benefits from Social Security. <input type="checkbox"/> I was receiving Social Security benefits from a parent's record. <input type="checkbox"/> I was receiving Social Security benefits as a widow/widower. <input type="checkbox"/> I was receiving Social Security benefits as a spouse. <input type="checkbox"/> I was receiving Supplemental Security Income (SSI) payments. <input type="checkbox"/> None of the above, please explain: _____
5.	What is your reason for requesting a waiver? (Check all that apply) A. <input type="checkbox"/> The overpayment was not my fault. B. <input type="checkbox"/> I cannot afford to pay the money back. C. <input type="checkbox"/> The overpayment is unfair for other reasons. Please explain: _____ D. <input type="checkbox"/> I thought I still had a disability that would make me eligible for benefits. I filed an appeal and I fully cooperated with Social Security. E. <input type="checkbox"/> I was age 18 and receiving SSI when the overpayment occurred. F. <input type="checkbox"/> None of the above, please explain: _____
6.	Are you requesting a waiver for your entire overpayment amount? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you previously filed a waiver request for this overpayment? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Do you have the notice for this overpayment? <input type="checkbox"/> Yes <input type="checkbox"/> No (go to 11) If you have the notice for this overpayment, please provide the date on that notice. _____ (MM/DD/YYYY)
9.	If you have the notice for this overpayment, please provide the following information: First month you were overpaid _____ Last month you were overpaid _____ If you were overpaid only one month, please provide the month _____
10.	If you have the notice for this overpayment, please provide the amount of the overpayment. \$ _____
11.	What was the cause of the overpayment? (Check all that apply) A. <input type="checkbox"/> I received too much income. B. <input type="checkbox"/> My household received too much income. C. <input type="checkbox"/> My resources were over the amount for SSI. D. <input type="checkbox"/> I received help for food and shelter. E. <input type="checkbox"/> I received more than one benefit payment for the same month. F. <input type="checkbox"/> The Social Security Administration determined that I was no longer disabled. G. <input type="checkbox"/> My marital status changed. H. <input type="checkbox"/> I received workers' compensation. I. <input type="checkbox"/> I was in a nursing home. J. <input type="checkbox"/> I was in jail or prison. <div style="text-align: right;">(Options continue on next page)</div>

11. K. ☐ I lived outside the U.S. for 30 consecutive days.
 L. ☐ My immigration status changed.
 M. ☐ Another person became entitled on the same record.
 N. ☐ My attorney fee was not withheld from my benefits.
 O. ☐ I was no longer a student.
 P. ☐ I no longer had a child under age 16 or a disabled child in my care.
 Q. ☐ I was overpaid because: _____

 R. ☐ I do not know why I was overpaid.

12. A. Do you understand that you are supposed to report changes to us, for example:
- working
 - marriage
 - divorce
 - moving
 - a change in resources
 - a change in income
 - a change in school attendance
 - any other changes that may affect your benefits
- ☐ Yes
☐ No, explain: _____

B. Is there anything that prevents you from reporting your changes to us?

- ☐ Yes, please explain: _____ ☐ No
- _____

C. Did you tell us about the change or event that led to the overpayment?

- ☐ Yes, please check one or more reasons below ☐ No, please explain:

☐ I called in _____

☐ I sent a fax or letter _____

☐ I visited a local field office _____

☐ I used electronic wage reporting _____

☐ Other, please explain: _____

Date(s) you told us about the change or event that led to the overpayment: _____

Do you have any documentation indicating that you told us about the change or event that led to the overpayment?

☐ Yes, please send it with your waiver request

☐ No, please explain: _____

D. Have you ever been overpaid before?

- ☐ Yes (go to 12.E) ☐ No (go to 12.F)

12. E. If you were overpaid before, is this overpayment for the same reason?

☐ Yes

☐ No

☐ I do not know

F. Are you currently receiving any of the following? (Check all that apply)

☐ I am receiving Supplemental Security Income (SSI) payments.

☐ I am receiving Temporary Assistance for Needy Families (TANF).

My claim number is: _____

☐ I am receiving a pension based on need from the Department of Veterans Affairs (VA)

My claim number is: _____

IMPORTANT: If you checked any boxes in question 12.F, go to page 13. Please sign, date, provide your address and phone number(s), and proof that you receive TANF or VA pension, if applicable. If this statement does not apply, go to question 13.A.

SECTION 5 - YOUR FINANCIAL STATEMENT

Documents to Support Your Statements

IMPORTANT: To complete Sections 5 through 8 of this form, you should refer to certain documents to support your statements. Please answer all questions and submit any supporting documents with your request. Your supporting documents should be no older than 3 months from the date you are requesting a waiver. Submit similar documents for your spouse and your dependents. A dependent is a person who depends on you for support and whom you can claim on your tax return. Examples of supporting documents are:

- Current Rent or Mortgage Information
- 2 or 3 Recent Utility, Medical, Charge Card, and Insurance Bills
- Canceled Checks
- Recent Bank Statements (checking or savings account)
- Current Pay Stubs
- Your Most Recent Income Tax Return

Please write only whole dollar amounts. Round any cents to the nearest dollar.

13. A. Did you still have any of the overpaid money at the time you received the overpayment notice?

☐ Yes Amount \$ _____ (go to 13.B)

☐ No (go to 14)

B. Do you still have any of the overpaid money?

☐ Yes Amount \$ _____

☐ No

(If yes, return the money to SSA following the instructions in the overpayment notice or contact SSA at 1-800-772-1213.)

14. Did you receive any real estate after you received the overpayment notice?

☐ Yes (provide the value)

☐ No

Value: \$ _____

15. A. Did you give away any real estate after you received your overpayment notice?

☐ Yes (provide the value)

☐ No

Value: \$ _____

B. Did you sell any real estate after you received your overpayment notice?

☐ Yes (provide the amount)

☐ No

Amount you received after selling: \$ _____

16. A. Did you give away any money after you received the overpayment notice?

☐ Yes (provide the amount) Amount: \$ _____ ☐ No

B. Did anyone give you money after you received your overpayment notice?

☐ Yes (provide the amount) Amount: \$ _____ ☐ No**SECTION 6 - MEMBERS OF HOUSEHOLD**

17. A. If you are an adult requesting a waiver, list your spouse and dependents below. A dependent is a person who depends on you for support and whom you can claim on your income tax return.

If you are completing the waiver request for a minor child, only provide the child's name in Section 6 and the child's information in Sections 7, 8, and 9. If the child's income and assets help with food and household expenses, complete Sections 6, 7, 8, and 9 with the parents' and their dependents' information.

Name	Age	Relationship To You

B. Does anyone live with you who you cannot claim on your income tax return?

☐ Yes☐ No (go to 18.A)

If yes, does this person or persons give you any money to live with you or pay any of the household bills or expenses?

☐ Yes, total amount you receive \$ _____ ☐ No**SECTION 7 - ASSETS - THINGS YOU HAVE AND OWN**

18. A. How much cash do you, your spouse, and your dependents have in your possession? \$

B. List all financial accounts for you, your spouse, and your dependents. Examples of accounts you should list include Checking, Online (e.g., PayPal), Savings, Certificate of Deposit (CD), Individual Retirement Accounts (IRAs), Money or Mutual Funds, Stocks, Bonds, Trust Funds, Prepaid Debit Cards, or any other accounts.

Type of Account	Name and Address of Institution	Name on Account	Balance or Value	Income Per Month (interest or dividends)	Account Number
TOTALS					

19. A. Do you, your spouse, or your dependents own more than one family vehicle, including a car, sport utility vehicle (SUV), truck, van, camper, motorcycle, boat, or any other vehicle?

☐ Yes (list all of the vehicles below) ☐ No (go to 19.B)

Owner	Year, Make/Model	Present Value	Loan Balance (if any)	Main Purpose for Use
TOTAL COUNTABLE VALUE \$				

- B. Do you, your spouse, or your dependents own any real estate other than where you live?

☐ Yes (list below) ☐ No (go to 19.C)

Owner	Description	Market Value	Loan Balance (if any)	Income Amount
TOTALS \$				

- C. Do you, your spouse, or your dependents own or have an interest in any business, property, or valuables?

☐ Yes (list below) ☐ No (go to 20)

Owner	Description	Market Value	Loan Balance (if any)	Income Amount
TOTALS \$				

SECTION 8 - MONTHLY HOUSEHOLD INCOME

The next set of questions are about monthly take home pay. Enter your, your spouse, and your dependents' take home pay and check the box to show whether payment is received weekly, every 2 weeks, twice a month, or monthly. Add the monthly amount on line 22.A. If you need more space for answers, use the "REMARKS" section on page 11.

20. A. Are you employed? ☐ Yes (provide information below) ☐ No (go to 20.B)

Employer(s) Name, Address, and Phone: (Write "self" if self-employed)	Take home pay or earnings if self-employed (Net) Choose one: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month	\$
---	---	----

- B. Is your spouse employed? ☐ Yes (provide information below) ☐ No (go to 20.C)

Employer(s) Name, Address, and Phone: (Write "self" if self-employed)	Take home pay or earnings if self-employed (Net) Choose one: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month	\$
---	---	----

(Options continue on next page)

20. C. Are any of your dependents employed, including self-employment?

☐ Yes (provide information below) ☐ No (go to 21)

Name(s) of dependents: _____

Provide total monthly take home pay for dependent(s):

\$ _____

21. A. Do you, your spouse, or your dependents receive support or contributions from any person, agency, or organization? ☐ Yes (go to 21.B) ☐ No (go to 22)

B. Is the support received under a loan agreement? ☐ Yes (go to 22) ☐ No (go to 21.C)

C. How much money do you, your spouse, or your dependents receive each month?
(Show this amount on line I of question 22)

\$

Source

22. Income (Be sure to show monthly amounts below)		Overpaid person's income	SSA Use Only	Spouse of Overpaid Person	SSA Use Only	Dependent(s) of Overpaid Person (Total)	SSA Use Only
A. Take Home Pay (Net) (from questions 20.A, 20.B, and 20.C)							
B. Social Security Benefits (retirement, disability, widows, students, etc.)							
C. Supplemental Security Income (SSI)							
D. Pension(s) (VA, Military, Civil Service, Railroad, etc.)	TYPE						
	TYPE						
E. Supplemental Nutrition Assistance Program (SNAP) Benefits							
F. Income from Real Estate, Business, etc. (from questions 19.B and 19.C)							
G. Room and/or Board Payments from a Person who is not a Dependent (from question 17.B). Put the amount in the overpaid person's column.							
H. Child Support/Alimony							
I. Other Support (from question 21.C)							
J. Income from Assets (from question 18.B)							
K. Other (from any source, explain in REMARKS on next page)							
TOTALS:							
Grand Total \$ (Add all TOTAL blocks above)				(Options continue on next page)			

22. REMARKS:

SECTION 9 - MONTHLY HOUSEHOLD EXPENSES

Do not list an expense that is withheld from your paycheck (such as medical insurance, child support, alimony, wage garnishments, etc.) (Be sure to show **monthly** amounts in number 23) Please write only whole dollar amounts and round any cents to the nearest dollar.

Type of Expense		\$ Per Month	SSA Use Only
23.	A. Rent or Mortgage (if mortgage payment includes property or other local taxes, insurance, etc., DO NOT list it again below)		
	B. Food (groceries, including food purchased with SNAP benefits, and food at restaurants, work, etc.)		
	C. Utilities (gas, electric, telephone (cell or land line), internet, trash collection, water, and sewer)		
	D. Other Heating/Cooking Fuel (oil, propane, coal, wood, etc.)		
	E. Clothing		
	F. Household Items (personal hygiene items, etc.)		
	G. Property Tax (State and local)		
	H. Insurance (life, health, fire, homeowner, renter, car, and any other casualty or liability policies)		
	I. Medical/Dental (prescriptions and medical equipment, if not paid by insurance)		
	J. Loan/Lease Payment for Family Vehicle		
	K. Expenses (gas and repairs) for Family Vehicle		
	L. Other Transportation (bus, taxi, etc., used for medical appointments, work, or other necessary travel)		
	M. Tuition and School Expenses		
	N. Court Ordered Payments Paid Directly to the Court		
	O. Credit Card Payments (show minimum monthly payment). DO NOT include any expenses already listed above		
	P. Any expenses not shown above		
(Options continue on next page) TOTAL			

23. EXPENSE REMARKS (Please provide any additional information not captured in Section 9)

SECTION 10 - INCOME AND EXPENSES COMPARISON

24.	A. Monthly Income Write the amount here from the Grand Total from number 22.	\$
	B. Monthly Expenses Write the amount here from the Total from number 23.	\$
	C. Add this amount to your expenses.	
	D. Adjusted Monthly Expenses (Add B and C)	\$
	E. TOTAL (Subtract D from A)	\$

25. If your expenses in 24.D are more than your income in 24.A, explain how you are paying your bills. If you are not paying your bills, explain which bills have unpaid balances.

SECTION 11 - FINANCIAL EXPECTATION AND FUNDS AVAILABILITY

26.	A. Do you expect to receive an inheritance within the next 6 months?	
	<input type="checkbox"/> Yes, explain	<input type="checkbox"/> No (go to 26.B)
	<hr/> <hr/> <hr/>	
	B. Please provide the total of you, your spouse, and your dependents' assets from questions, 18.A, 18.B, 19.A, 19.B, and 19.C.	
	Total \$: <hr/>	

(Options continue on next page)

☐ No

IMPORTANT: Please provide your documents to support the information you provided. Complete and sign the following statements.

Below is an authorization for the Social Security Administration to obtain your financial account information. We may need to access your financial records in order to determine if we can waive your overpayment.

IMPORTANT: If the overpaid individual is a minor child, a parent or legal guardian must complete and sign the form on the child's behalf. If a court has assigned a legal guardian to an adult individual, the legal guardian must complete and sign the form. Adults who do not have a court appointed legal guardian must complete and sign the form, even if they have a representative payee.

AUTHORIZATION FOR THE SOCIAL SECURITY ADMINISTRATION TO OBTAIN ACCOUNT RECORDS FROM A FINANCIAL INSTITUTION AND REQUEST FOR RECORDS

Please review the following, make selection, and sign below:

I understand:

- I have the right to revoke this authorization at any time before any records are disclosed;
- The Social Security Administration may request all records about me from any financial institution;
- Any information obtained will be kept confidential;
- I have the right to obtain a copy of the record which the financial institution keeps concerning the instances when it has disclosed records to a government authority unless the records were disclosed because of a court order;
- This authorization is not required as a condition of doing business with any financial institution.
- The Social Security Administration will request records to determine the ability to repay an overpayment in conjunction with a waiver determination;
- Failing to provide or revoking my authorization may result in the Social Security Administration determining, on that basis, that adjustment or recovery of the overpayment will not deprive me of funds to pay my bills for food, clothing, housing, medical care, or other necessary expenses;
- This authorization is in effect until the earliest of: 1) a final decision on whether adjustment or recovery of my overpayment would deprive me of funds to pay my bills for food, clothing, housing, medical care, or other necessary expenses; or 2) my revocation of this authorization in written notification to the Social Security Administration.

☐ I authorize any custodian of records at any financial institution to disclose to the Social Security Administration any records about my financial business or that of the person named above whom I legally represent or whose benefits I manage.

☐ I do not authorize any custodian of records at any financial institution to disclose to the Social Security Administration any records about my financial business or that of the person named above whom I legally represent or whose benefits I manage. I understand that if I do not give permission to obtain financial records or if I cancel my permission, SSA may not approve my waiver request.

Customer's Signature/Authorization	Mailing Address	Date
Legal Representative's Signature/Authorization	Legal Representative's Mailing Address	Date

PENALTY CLAUSE, CERTIFICATION, AND PRIVACY ACT STATEMENT

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.

SIGNATURE OF OVERPAID PERSON OR REPRESENTATIVE PAYEE

Signature (First name, middle initial, last name) (Write in ink)	Date (MM/DD/YYYY)
--	-------------------

Home Telephone Number (include area code)	Work Telephone Number If We May Call You At Work (include area code)
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Mailing Address (Number and street, Apt. No., PO Box, or Rural Route)

City	State	ZIP Code
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Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the individual must sign below, giving their full addresses.

1. Signature of Witness (Write in ink)	2. Signature of Witness (Write in ink)
Address (Number and street, City, State, and ZIP Code)	Address (Number and street, City, State, and ZIP Code)

Privacy Act Statement Collection and Use of Personal Information

Sections 204, 1631, and 1879 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on your overpayment waiver request.

We will use the information to make a waiver determination and to obtain your financial account information. We may also share your information for the following purposes: called routine uses:

- To student volunteers and other worker, who technically do not have the status of Federal employees, when they are performing work for Social Security Administration (SSA) as authorized by law, and they need access to personally identifiable information in SSA records in order to perform their assigned agency functions; and
- To third party contacts such as private collection agencies and credit reporting agencies under contract with SSA and other agencies, including the Veterans Administration, the Armed Forces, the Department of the Treasury, and State motor vehicle agencies, for the purposes of their assisting SSA in recovering program debt.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0094, entitled Recovery of Overpayments, Accounting and Reporting/Debt Management System, as published in the Federal Register (FR) on August 23, 2005, at 70 FR 49354; 60-0231, entitled Financial Transactions of SSA Accounting and Finance Offices, as published in the FR on January 11, 2006, at 71 FR 1849; and 60-0320, entitled Electronic Disability Claims File, as published in the FR on July 25, 2006, at 71 FR 42159. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement - This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 120 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.**
