

# **REQUESTING A LOWER OVERPAYMENT RECOVERY RATE WITH THE SOCIAL SECURITY ADMINISTRATION**



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# What is an Overpayment?

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. The main body contains two numbered paragraphs: 2900 and 2916. Callouts provide additional information: a red box points to the title, stating it identifies the document; a yellow box points to the Date field, noting a 30-day waiver period; a blue box points to paragraph 2900, explaining it details the overpayment reason and offers reconsideration; and a green box points to paragraph 2916, stating it informs the recipient of the overpayment amount.

**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 \$\$\$. 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:

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** (06-2025) UF  
Discontinue Prior Editions  
Social Security Administration

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OMB No. 0960-0037

## 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.

**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 should presume you are not at fault when:**

- You reported or tried to report an important change quickly (for SSI, within 10 days of the change) and SSA did not do anything.
- SSA continued to pay you after you reported a change so you thought the payments were correct.
- An SSA worker told you wrong information and you believed them.
- You were overpaid as a minor child or legally incompetent adult.
- The overpayment happened because you were in a medical institution (SSI only).
- You didn't know that your life insurance had a cash surrender value, or the value increased over time (SSI only).
- SSA said you were "no longer disabled." You then appealed to a judge and continued getting your benefits. You did everything the SSA asked you to do during the appeal and believed you were still disabled. The judge ruled you are "not disabled" and now you have an overpayment for the benefits you got

during the appeal.

**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 had an emergency.
  - My disability makes it hard to report.
- 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.
- Some other factors made it hard for me to understand my notices or what I was supposed to do:
  - I am elderly
  - I have a condition that impacts my ability to comprehend information and instructions
  - I have limited education
  - I have memory issues
  - Other physical and mental conditions
  - I didn't have access to mail during the overpaid period
  - ...and more

# 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.

**Your total resources must be under \$6000 (if you live by yourself) or \$10,000 (if you have another dependent). Resources include:**

Cash on hand

Checking and Saving accounts

Retirement plans

Any real property aside from the house you live in

Anything you can convert to cash without penalty

**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 conference 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](http://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.

## When Not To Complete This Form

- You think that you are not at fault and your overpayment is \$2,000 or less. Instead, please request a waiver by calling 1-800-772-1213 or your local field office. We may be able to process your request quickly over the phone.
- 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.

**IMPORTANT:** Please answer the following questions as completely as you can and submit any supporting documents with your waiver request. If you are assisting the person who is requesting a waiver, please answer the questions as if that person was completing the request. If you need more space for answers, use the "REMARKS" section on page 7.

## SECTION 1 - IDENTIFYING QUESTIONS

|    |                                                                                                                                                                                                                                                                                                                                                                     |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | <div>A. What is the name, Social Security Number, and claim number (if any) of the overpaid person?</div> <div>Name: _____</div> <div>SSN: _____ Claim Number: _____</div> <div>B. If you are filling out the waiver request for the overpaid person, provide your name and relationship to the person.</div> <div>Name: _____</div> <div>Relationship: _____</div> |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**SECTION 2 - WAIVER REQUEST**

2. Is the total amount of the overpayment stated on your letter \$2,000 or less? ☐ Yes ☐ No
- If **Yes**, you do not need to complete the rest of this form. Please call 1-800-772-1213 or your local field office and we may be able to process your waiver request quickly over the phone.
- If **No**, continue completing the rest of the form.
- What is your reason for requesting a waiver? (Check all that apply)
- A. ☐ The overpayment was not my fault.
- B. ☐ I cannot afford to pay the money back.
- C. ☐ The overpayment is unfair for other reasons.
- Please explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
3. Please provide the date of the notice for the overpayment that you are asking us to waive: \_\_\_\_\_ (MM/DD/YYYY)
4. Are you requesting that we waive the entire overpayment, including money that you have already paid back to us? ☐ Yes ☐ No
- If **No**, are you requesting that we only waive the remaining amount of money that you owe us? ☐ Yes ☐ No
5. Tell us what you know about why the overpayment may have happened. If there was a reason you did not understand or were not able to report the change to us, please explain why.
- Overpayments typically occur when a change happened in your life that we think we did not find out about on time. This happens for many reasons and understanding your opinion helps us decide your waiver request.*
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**SECTION 3 - NEEDS BASED ASSISTANCE**

6. A dependent is a person who depends on you for support and whom you can claim on your tax return. Are you or any dependent household family member **currently** receiving any of the following?
- ☐ Yes ☐ No If **Yes**, (check all that apply) then go to page 9, sign, date, and provide your address and phone number. Please provide proof of TANF, VA pension, or SNAP.
- ☐ Supplemental Security Income (SSI) payments
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Pension based on need from the Department of Veterans Affairs (VA)
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Medicare Part D Extra Help
- If **No**, complete the rest of the form.

**SECTION 4 - HOUSEHOLD FAMILY MEMBER**

7. A. If you are an adult requesting a waiver, list your spouse and any other dependent household family members in this section. A dependent is a household family member who depends on you for support and whom you can claim on your income tax return. Complete Sections 5, 6 and 7 with your, your spouse's, and dependents' information.

If you are completing the waiver request for a minor child, does the child's income and assets help with food and household items? ☐ Yes ☐ No

- If **Yes**, list the minor child's parent(s) and other dependents' of the parents in this section. Complete Sections 5, 6 and 7 with the entire household's information.
- If **No**, only provide the child's information in Sections 5, 6 and 7.

| Name | Age | Relationship To You |
|------|-----|---------------------|
|      |     |                     |
|      |     |                     |
|      |     |                     |
|      |     |                     |

- B. Does any household family member live with you whom you cannot claim as a dependent on your tax return? ☐ Yes ☐ No

Does this person pay any rent, household bills, or any other household expense?

☐ Yes, total monthly amount you receive \$ \_\_\_\_\_ ☐ No

**Documents to Support Your Statement:**

To complete Sections 5, 6 and 7 of this form, you should refer to certain documents to support your statements. Please answer all the questions and submit any supporting documents for you, your spouse, and your dependents. Your supporting documents should be dated no more than 3 months from the date that you are requesting a waiver. Examples of supporting documents are:

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

**SECTION 5 - RESOURCES - THINGS YOU HAVE AND OWN**

8. 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 |
|-----------------|---------------------------------|-----------------|------------------|------------------------------------------|----------------|
|                 |                                 |                 | \$               | \$                                       |                |
|                 |                                 |                 | \$               | \$                                       |                |
|                 |                                 |                 | \$               | \$                                       |                |
|                 |                                 |                 | \$               | \$                                       |                |
|                 |                                 |                 | \$               | \$                                       |                |
| <b>TOTALS</b>   |                                 |                 | \$               | \$                                       |                |

9. A. Do you, your spouse, or your dependents own more than two family vehicles, 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 9.B)

| Owner            | Year, Make/Model | Present Value | Loan Balance<br>(if any) | Main Purpose for Use |
|------------------|------------------|---------------|--------------------------|----------------------|
|                  |                  | \$            | \$                       |                      |
|                  |                  | \$            | \$                       |                      |
|                  |                  | \$            | \$                       |                      |
| <b>TOTALS \$</b> |                  |               |                          |                      |

- B. Do you co-own any real estate with anyone other than your spouse or dependent family member?

☐ Yes (list below) ☐ No (go to 9.C)

| Owner            | Description | Market Value | Loan Balance<br>(if any) | Income Amount |
|------------------|-------------|--------------|--------------------------|---------------|
|                  |             | \$           | \$                       | \$            |
|                  |             | \$           | \$                       | \$            |
|                  |             | \$           | \$                       | \$            |
| <b>TOTALS \$</b> |             |              |                          |               |

- 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 10)

| Owner            | Description | Market Value | Loan Balance<br>(if any) | Income Amount |
|------------------|-------------|--------------|--------------------------|---------------|
|                  |             | \$           | \$                       | \$            |
|                  |             | \$           | \$                       | \$            |
|                  |             | \$           | \$                       | \$            |
| <b>TOTALS \$</b> |             |              |                          |               |

- D. Can you sell or liquidate any of the resources listed above?

☐ Yes, explain ☐ No

SECTION 6 - MONTHLY HOUSEHOLD INCOME

Enter your, your spouse's, and your dependents' monthly take home pay. Enter the amount on line 11.A.  
If you need more space for answers, use the "REMARKS" section on page 7.

|     |                                                                                                                               |                                                     |
|-----|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 10. | A. Are you employed? <input type="checkbox"/> Yes (provide information below) <input type="checkbox"/> No (go to 10.B)        |                                                     |
|     | Employer(s) Name, Address, and Phone: (Write "self" if self-employed)                                                         | Monthly take home pay or earnings if self-employed: |
|     |                                                                                                                               | \$                                                  |
|     | B. Is your spouse employed? <input type="checkbox"/> Yes (provide information below) <input type="checkbox"/> No (go to 10.C) |                                                     |
|     | Employer(s) Name, Address, and Phone: (Write "self" if self-employed)                                                         | Monthly take home pay or earnings if self-employed: |
|     |                                                                                                                               | \$                                                  |
|     | C. Are any of your dependents employed, including self-employment?                                                            |                                                     |
|     | <input type="checkbox"/> Yes (provide information below) <input type="checkbox"/> No (go to 11)                               |                                                     |
|     | Name(s) of dependents:                                                                                                        |                                                     |
|     |                                                                                                                               |                                                     |
|     |                                                                                                                               |                                                     |
|     |                                                                                                                               |                                                     |
|     |                                                                                                                               |                                                     |
|     |                                                                                                                               |                                                     |
|     |                                                                                                                               |                                                     |
|     | Provide total monthly take home pay for dependent(s):                                                                         |                                                     |
|     | \$                                                                                                                            |                                                     |



|     |                                                                                                                                         |      |                                 |                                  |                                                |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------|----------------------------------|------------------------------------------------|
| 11. | Income<br>(Be sure to show <b>monthly</b> amounts below)                                                                                |      | <b>Overpaid person's income</b> | <b>Spouse of Overpaid Person</b> | <b>Dependent(s) of Overpaid Person (Total)</b> |
|     | A. Take Home Pay (Net)<br>(from questions 10.A, 10.B, and 10.C)                                                                         |      | \$                              | \$                               | \$                                             |
|     | B. Social Security Benefits<br>(retirement, disability, widows, students, etc.)                                                         |      | \$                              | \$                               | \$                                             |
|     | C. Pension(s)<br>(VA, Military, Civil Service, Railroad, etc.)                                                                          | TYPE | \$                              | \$                               | \$                                             |
|     |                                                                                                                                         | TYPE | \$                              | \$                               | \$                                             |
|     | D. Income from Real Estate, Business, etc.<br>(from questions 9.B and 9.C)                                                              |      | \$                              | \$                               | \$                                             |
|     | E. Room and/or Board Payments from a Person who is not a Dependent (from question 7.B). Put the amount in the overpaid person's column. |      | \$                              | \$                               | \$                                             |
|     | F. Child Support/Alimony                                                                                                                |      | \$                              | \$                               | \$                                             |
|     | G. Support or contributions from any person, agency, or organization                                                                    |      | \$                              | \$                               | \$                                             |
|     | H. Income from Assets<br>(from question 8.B)                                                                                            |      | \$                              | \$                               | \$                                             |
|     | I. Other (from any source, explain in "REMARKS" on page 7)                                                                              |      | \$                              | \$                               | \$                                             |
|     | <b>TOTALS:</b>                                                                                                                          |      | \$                              | \$                               | \$                                             |
|     | <b>Grand Total \$</b>                                                                                                                   |      |                                 |                                  |                                                |

**Do not** list an expense that is withheld from your paycheck (such as medical insurance, child support, alimony, wage garnishments, etc.). **NOTE:** You do not need to provide supporting documents for your household expenses.

If you are not paying your bills, explain which bills have unpaid balances in the "REMARKS" section below.

If you are continuing an answer to a question, please write the number (and letter, if any) of the question first.

[illegible]

**IMPORTANT:** Please review, complete, and sign the statements on pages 8 and 9.

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, REPRESENTATIVE PAYEE,  
LEGAL GUARDIAN, or CUSTODIAL PARENT**

|                                                   |                   |
|---------------------------------------------------|-------------------|
| Signature (First name, middle initial, last name) | Date (MM/DD/YYYY) |
|---------------------------------------------------|-------------------|

|                                           |                   |
|-------------------------------------------|-------------------|
| Home Telephone Number (include area code) | Cell Phone Number |
|-------------------------------------------|-------------------|

Mailing Address (Number and street, Apt. No., PO Box, or Rural Route)

|      |       |          |
|------|-------|----------|
| City | State | ZIP Code |
|------|-------|----------|

**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                                | 2. Signature of Witness                                |
| Address (Number and street, City, State, and ZIP Code) | Address (Number and street, City, State, and ZIP Code) |

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**Privacy Act Statement**  
**Collection and Use of Personal Information**

Sections 204 and 1631 of the Social Security Act, as amended, allow us to collect your information or the information you are submitting on behalf of another, which we will use to make a waiver determination on an overpayment and to obtain authorization for financial account information. Providing this information is voluntary, but not providing all or part of the information may prevent us from assisting you with the request. As law permits, we may use and share the information you submit, including with other Federal agencies, employers, third party contacts, and others as outlined in the routine uses within System of Records Notices (SORN) 60-0094, 60-0103, and 60-0320, available at [www.ssa.gov/privacy](http://www.ssa.gov/privacy). The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.

**Paperwork Reduction Act Statement** - This information collection meets the 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 60 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING 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](http://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 (TTY 1-800-325-0778).** *You may send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate or other aspects of this collection to this address, not the completed form.*

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