Form Approved
OMB No. 0960-0037

Request For Waiver Of Overpayment Recovery Or Change In Repayment Rate

We will use your answers on this form to decide if we can waive collection of the overpayment or change the amount you must pay us back each month. If we can't waive collection, we may use this form to decide how you should repay the money.

Please answer the questions on this form as completely as you can. We will help you fill out the form if you want. If you are filling out this form for someone else, answer the questions as they apply to that person.

FOR SSA USE ONLY	
ROAR Input	☐ Yes ☐ No
Input Date	
Waiver	☐ Approval ☐ Denial
SSI	☐ Yes ☐ No
AMT OF OP $	
PERIOD (DATES) OF OP	

1. A. Name of person on whose record the overpayment occurred: _____

B. Social Security Number: _____

C. Name of overpaid person(s) making this request and his or her Social Security Number(s):

2. Check any of the following that apply. (Also, fill in the dollar amount in B, C, or D.)

A. ☐ The overpayment was not my fault and I cannot afford to pay the money back and/or it is unfair for some other reasons.

B. ☐ I cannot afford to use all of my monthly benefit to pay back the overpayment. However I can afford to have $ _____ withheld each month.

C. ☐ I am no longer receiving Supplement Security Income (SSI) payments. I want to pay back $ _____ each month instead of paying all of the money at once.

D. ☐ I am receiving SSI payments. I want to pay back $ _____ each month instead of paying 10% of my total income.

SECTION I - INFORMATION ABOUT RECEIVING THE OVERPAYMENT

3. A. Did you, as representative payee, receive the overpaid benefits to use for the beneficiary?

☐ Yes ☐ No (Skip to Question 4)

B. Name and address of the beneficiary

_____

C. How were the overpaid benefits used?

_____

4. If we are asking you to repay someone else's overpayment:

A. Was the overpaid person living with you when he/she was overpaid? ☐ Yes ☐ No

B. Did you receive any of the overpaid money? ☐ Yes ☐ No

C. Explain what you know about the overpayment AND why it was not your fault.

5. Why did you think you were due the overpaid money and why do you think you were not at fault in causing the overpayment or accepting the money?

6. A. Did you tell us about the change or event that made you overpaid? If no, why didn't you tell us? ☐ Yes ☐ No

B. If yes, how, when and where did you tell us? If you told us by phone or in person, who did you talk with and what was said?

C. If you did not hear from us after your report, and/or your benefits did not change, did you contact us again? ☐ Yes ☐ No

7. A. Have we ever overpaid you before? ☐ Yes ☐ No

If yes, on what Social Security number? _____

B. Why were you overpaid before? If the reason is similar to why you are overpaid now, explain what you did to try to prevent the present overpayment.

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SECTION II - YOUR FINANCIAL STATEMENT

NAME:

SSN:

You need to complete this section if you are asking us either to waive the collection of the overpayment or to change the rate at which we asked you to repay it. Please answer all questions as fully and as carefully as possible. We may ask to see some documents to support your statements, so you should have them with you when you visit our office.

EXAMPLES ARE:

- Current Rent or Mortgage Books
- Savings Passbooks
- Pay Stubs
- Your most recent Tax Return
- 2 or 3 recent utility, medical, charge card, and insurance bills
- Cancelled checks
- Similar documents for your spouse or dependent family members

Please write only whole dollar amounts-round any cents to the nearest dollar. If you need more space for answers, use the "Remarks" section at the bottom of page 7.

8. A. Do you now have any of the overpaid checks or money in your possession (or in a savings or other type of account)?

☐ Yes Amount: _____

☐ No Return this amount to SSA

B. Did you have any of the overpaid checks or money in your possession (or in a savings or other type of account) at the time you received the overpayment notice?

☐ Yes Amount: _____

☐ No Answer Question 9.

9. Explain why you believe you should not have to return this amount.

ANSWER 10 AND 11 ONLY IF THE OVERPAYMENT IS SUPPLEMENTAL SECURITY INCOME (SSI) PAYMENTS. IF NOT, SKIP TO 12.

10. A. Did you lend or give away any property or cash after notification of the overpayment?

☐ Yes (Answer Part B)

☐ No (Go to question 11.)

B. Who received it, relationship (if any), description and value:

11. A. Did you receive or sell any property or receive any cash (other than earnings) after notification of this overpayment?

☐ Yes (Answer Part B)

☐ No (Go to question 12.)

B. Describe property and sale price or amount of cash received:

12. A. Are you now receiving cash public assistance such as Supplemental Security Income (SSI) payments?

☐ Yes (Answer B and C and See note below)

☐ No

B. Name or kind of public assistance

C. Claim Number

IMPORTANT: If you answered "YES" to question 12, DO NOT answer any more questions on this form. Go to page 8, sign and date the form, and give your address and phone number(s). Bring or mail any papers that show you receive public assistance to your local Social Security office as soon as possible.

Members Of Household

13. List any person (child, parent, friend, etc.) who depends on you for support AND who lives with you.

NAME	AGE	RELATIONSHIP (If none, explain why the person is dependent on you)

Assets - Things You Have And Own

14. A. How much money do you and any person(s) listed in question 13 above have as cash on hand, in a checking account, or otherwise readily available? $ _____

B. Does your name, or that of any other member of your household appear, either alone or with any other person, on any of the following?

TYPE OF ASSET	OWNER	BALANCE OR VALUE	PER MONTH	SHOW THE INCOME (interest, dividends) EARNED EACH MONTH. (If none, explain in spaces below. If paid quarterly, divide by 3).
SAVINGS (Bank, Savings and Loan, Credit Union)		$	$	
		$	$	
CERTIFICATES OF DEPOSIT (CD)		$	$	
INDIVIDUAL RETIREMENT ACCOUNT (IRA)		$	$	
MONEY OR MUTUAL FUNDS		$	$	
BONDS, STOCKS		$	$	
TRUST FUND		$	$	
CHECKING ACCOUNT		$	$	
OTHER (EXPLAIN)		$	$	
	TOTALS	$	$	Enter the "Per Month" total on line (k) of question 18.

15. A. If you or a member of your household own a car, (other than the family vehicle), van, truck, camper, motorcycle, or any other vehicle or a boat, list below.

OWNER	YEAR/MAKE/MODEL	PRESENT VALUE	LOAN BALANCE (if any)	MAIN PURPOSE FOR USE
		$	$	
		$	$	
		$	$	

B. If you or a member of your household own any real estate (buildings or land), OTHER than where you live, or own or have an interest in, any business, property, or valuables, describe below.

OWNER	DESCRIPTION	MARKET VALUE	LOAN BALANCE (if any)	USAGE-INCOME (rent etc.)
		$	$	
		$	$	
		$	$	
		$	$	

Monthly Household Income

If paid weekly, multiply by 4.33 (4 1/3) to figure monthly pay. If paid every 2 weeks, multiply by 2.166 (2 1/6). If self-employed, enter 1/12 of net earnings. Enter monthly TAKE HOME amounts on line A of question 18 also.

16. A. Are you employed? ☐ YES (Provide information below) ☐ NO (Skip to B)

Employer name, address, and phone: (Write "self" if self-employed)	Monthly pay before deduction (Gross) $ _____
	Monthly TAKE-HOME pay (NET) $ _____

B. Is your spouse employed? ☐ YES (Provide information below) ☐ NO (Skip to C)

Employer(s) name, address, and phone: (Write "self" if self-employed)	Monthly pay before deduction (Gross) $ _____
	Monthly TAKE-HOME pay (NET) $ _____

C. Is any other person listed in Question 13 employed? ☐ YES Name(s) ☐ NO (Go to Question 17)

Employer(s) name, address, and phone: (Write "self" if self-employed)	Monthly pay before deduction (Gross) $ _____
	Monthly TAKE-HOME pay (NET) $ _____

17. A. Do you, your spouse or any dependent member of your household receive support or contributions from any person or organization? ☐ YES (Answer B) ☐ NO (Go to question 18)

B. How much money is received each month? (Show this amount on line (J) of question 18) $ SOURCE

BE SURE TO SHOW **MONTHLY** AMOUNTS BELOW - If received weekly or every 2 weeks, read the instruction at the top of this page.

18.

INCOME FROM #16 AND #17 ABOVE AND OTHER INCOME TO YOUR HOUSEHOLD		YOURS	✓	SPOUSE'S	✓	OTHER HOUSEHOLD MEMBERS	✓	SSA USE ONLY
A. TAKE HOME Pay (Net) (From #16 A, B, C, above)		$	☐	$	☐	$	☐	
B. Social Security Benefits			☐		☐		☐	
C. Supplemental Security Income (SSI)			☐		☐		☐	
D. Pension(s) (VA, Military, Civil Service, Railroad, etc.)	TYPE		☐		☐		☐	
	TYPE		☐		☐		☐	
E. Public Assistance (Other than SSI)	TYPE		☐		☐		☐	
F. Food Stamps (Show full face value of stamps received)			☐		☐		☐	
G. Income from real estate (rent, etc.) (From question 15B)			☐		☐		☐	
H. Room and/or Board Payments (Explain in remarks below)			☐		☐		☐	
I. Child Support/Alimony			☐		☐		☐	
J. Other Support (From #17 (B) above)			☐		☐		☐	
K. Income From Assets (From question 14)			☐		☐		☐	
L. Other (From any source, explain below)			☐		☐		☐	
REMARKS	TOTALS	$		$		$		

GRAND TOTAL $
(Add 3 total blocks above)

Monthly Household Expenses

If the expense is paid weekly or every 2 weeks, read the instruction at the top of Page 5. Do NOT list an expense that is withheld from income (Such as Medical Insurance). Only take home pay is used to figure income.

Show "CC" as the expense amount if the expense (such as clothing) is part of CREDIT CARD EXPENSE SHOWN ON LINE (F).	$ PER MONTH	SSA USE ONLY
19. A. Rent or Mortgage (If mortgage payment includes property or other local taxes, insurance, etc. DO NOT list again below.)		
B. Food (Groceries (include the value of food stamps) and food at restaurants, work, etc.)		
C. Utilities (Gas, electric, telephone)		
D. Other Heating/Cooking Fuel (Oil, propane, coal, wood, etc.)		
E. Clothing		
F. Credit Card Payments (show minimum monthly payment allowed)		
G. Property Tax (State and local)		
H. Other taxes or fees related to your home (trash collection, water-sewer fees)		
I. Insurance (Life, health, fire, homeowner, renter, car, and any other casualty or liability policies)		
J. Medical-Dental (After amount, if any, paid by insurance)		
K. Car operation and maintenance (Show any car loan payment in (N) below)		
L. Other transportation		
M. Church-charity cash donations		
N. Loan, credit, lay-away payments (If payment amount is optional, show minimum)		
O. Support to someone NOT in household (Show name, age, relationship (if any) and address)		
P. Any expense not shown above (Specify)		
EXPENSE REMARKS (Also explain any unusual or very large expenses, such as medical, college, etc.)	TOTAL $	

Income And Expenses Comparison

20. A. Monthly income (Write the amount here from the "Grand Total" of #18.) $ _____

B. Monthly Expenses (Write the amount here from the "Total" of #19.) $ _____

C. Adjusted Household Expenses +$25

D. Adjusted Monthly Expenses (Add (B) and (C)) $ 25.00

21. If your expenses (D) are more than your income (A), explain how you are paying your bills.

FOR SSA USE ONLY		
☐	INC. **EXCEEDS** ADJ EXPENSE	$ +
☐	INC **LESS THAN** ADJ EXPENSE	$ -

Financial Expectation And Funds Availability

22. A. Do you, your spouse or any dependent member of your household expect your or their financial situation to change (for the better or worse) in the next 6 months? (For example: a tax refund, pay raise or full repayment of a current bill for the better-major house repairs for the worse).

☐ YES (Explain on line below)
☐ NO

B. If there is an amount of cash on hand or in checking accounts shown in item 14A, is it being held for a special purpose?

☐ NO (Amount on hand)
☐ NO (Money available for any use)
☐ YES (Explain on line below)

C. Is there any reason you CANNOT convert to cash the "Balance or Value" of any financial asset shown in item 14B.

☐ YES (Explain on line below)
☐ NO

D. Is there any reason you CANNOT SELL or otherwise convert to cash any of the assets shown in items 15A and B?

☐ YES (Explain on line below)
☐ NO

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

REMARKS SPACE (Continued)

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 or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

SIGNATURE OF OVERPAID PERSON OR REPRESENTATIVE PAYEE

SIGNATURE (First name, middle initial, last name) (Write in ink)

SIGN HERE

DATE (Month, Day, Year)

WORK TELEPHONE NUMBER IF WE MAY CALL YOU AT WORK (Include area code)

HOME TELEPHONE NUMBER (Include area code)

MAILING ADDRESS (Number and street, Apt. No., P.O. Box, or Rural Route)

CITY AND STATE	ZIP CODE

ENTER NAME OF COUNTY (IF ANY) IN WHICH YOU NOW LIVE

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.

SIGNATURE OF WITNESS	SIGNATURE OF WITNESS
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(b), and 1879, of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to determine whether we can waive collection of your overpayment or adjust the amount you repay each month.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may affect the processing of this form and an accurate, timely decision of whether to waive collection of your overpayment or to change your repayment rate.

We rarely use the information you supply us for any purpose other than to make a determination regarding overpayment recovery and repayment rate changes. However, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices 60-0094, entitled, Recovery of Overpayments, Accounting and Reporting/Debt Management System. Additional information about this and other system of records notices and our programs are available online at www.socialsecurity.gov or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent 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 2 hours to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate abo****ve to*: *SSA*, *6401 Security Blvd, Baltimore, MD 21235-6401.*