SOCIAL SECURITY ADMINISTRATION

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/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? ☐ Yes ☐ No
If no, why didn't you tell us?

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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NAME:

SSN:

SECTION II-YOUR FINANCIAL STATEMENT

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.

9. 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:$ _____
Return this amount to SSA
☐ No

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:$ _____
Answer Question 10.
☐ No

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

_____

_____

ANSWER 11 AND 12 ONLY IF THE OVERPAYMENT IS SUPPLEMENTAL SECURITY INCOME PAYMENTS (SSI). IF NOT, SKIP TO 13.

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

☐ Yes (Answer Part B)
☐ No (Go to question 12.)

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

_____

12. 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 13.)

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

_____

13. 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 13, 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

14. 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

15. A. How much money do you and any person(s) listed in question 14 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 19.

16. 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 19 also.

17. 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 14 employed? ☐ YES ☐ NO (Go to Question 18) Name(s)

Employer(s) name, address, and phone: (Write "self" if self-employed)

Monthly pay before deduction (Gross) $

Monthly TAKE-HOME pay (NET) $

18. 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 19)

B. How much money is received each month? (Show this amount on line (J) of question 19) $ SOURCE

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

19.

INCOME FROM #17 AND #18 ABOVE AND OTHER INCOME TO YOUR HOUSEHOLD		YOURS	✓	SPOUSE'S	✓	OTHER HOUSEHOLD MEMBERS	✓	SSA USE ONLY
A. TAKE HOME Pay (Net) (From #17 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 16B)			☐		☐		☐	
H. Room and/or Board Payments (Explain in remarks below)			☐		☐		☐	
I. Child Support/Alimony			☐		☐		☐	
J. Other Support (From #18 (B) above)			☐		☐		☐	
K. Income From Assets (From question 15)			☐		☐		☐	
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 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).

20.		$ PER MONTH	SSA USE ONLY
	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

21. A. Monthly income
(Write the amount here from the "Grand Total" of #19. → $

B. Monthly Expenses
Write the amount here from the "Total" of #20. → $

C. Adjusted Household Expenses → + $25

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

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

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☐ INC. **EXCEEDS** ADJ EXPENSE $ +

☐ INC **LESS THAN** ADJ EXPENSE $ -

FINANCIAL EXPECTATION AND FUNDS AVAILABILITY

23. 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 15A, 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 15B.

☐ 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 16A 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.

(MORE SPACE ON NEXT PAGE)

(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 ink)	DATE (Month, Day, Year)
SIGN HERE ▶	HOME TELEPHONE NUMBER (Include area code) ( ) –
	WORK TELEPHONE NUMBER IF WE MAY CALL YOU AT WORK (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)

About the Privacy Act

The Social Security Act (Sections 204, 1631(b), and 1870) and the Federal Coal Mine Health and Safety Act of 1969 allow us to collect the facts on this form. This form is voluntary. However, if you do not give us the facts we ask for, we may not be able to approve your waiver request. If we cannot collect the overpayment, we may ask the Justice Department to collect it.

Sometimes the law requires us to give out the facts on this form without your consent. We must give these facts to another person or government agency if Federal law requires that we do so or to do the research and audits needed to monitor and improve the programs we manage.

We may also give these facts to the Justice Department to investigate and prosecute violations of the Social Security Act or we may use the facts in computer matching programs. Matching programs compare our records with those of other Federal, State, or local government agencies. All the Agencies may use matching programs to find or prove that a person qualifies for benefits paid for or managed by the Federal government. Another use is to identify and collect overpayments or to collect overdue loans under these benefits programs.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

See Revised PRA, Attached

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 **OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed underU. 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, 6401 Security Blvd.,Baltimore,MD21235-6401. ***Send only comments relating to our time estimate to this address, not the completed form.***

The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:

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 1-2 hours to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is 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 on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.* ***Send only comments relating to our time estimate to this address, not the completed form.***