Request for Change in Overpayment Recovery Rate

When To Complete This Form

Complete this form if you are requesting that we adjust the current rate of withholding to recover your overpayment because you are unable to meet your necessary living expenses. We will use your answers to decide if we can reduce the amount you must pay us back each month.

IMPORTANT: Please answer the following questions as completely as you can. If you are answering the questions for someone else, check the boxes and answer each question as it applies to the overpaid person.

SECTION 1 - IDENTIFYING QUESTIONS

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? ☐ Yes (go to question 2) ☐ No (go to question 1.C)

C. If you are not the overpaid person, what is your relationship to the overpaid person? (Check all that apply)

- ☐ I am the overpaid person's parent.
- ☐ I am the overpaid person's representative payee.
- ☐ I am the overpaid person's spouse.
- ☐ I am the overpaid person's legal guardian.
- ☐ Other, please explain: _____

D. If you are not the overpaid person, what is your name or the name of the organization you represent?

Name: _____

2. Please check all that apply:

- ☐ I am receiving Supplemental Security Income (SSI) benefits.
- ☐ I am receiving Temporary Assistance for Needy Families (TANF)
- ☐ I am receiving a pension based on need from the Department of Veterans Affairs (VA)
- ☐ I am receiving Social Security benefits.
- ☐ I am not receiving benefits.

3. Enter the total amount you owe: $ _____

4. Enter the amount you can afford to pay or have withheld from your payment each month: $ _____

YOUR FINANCIAL STATEMENT

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 change in the repayment rate.

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. If you need more space for answers, use the "Remarks" section at the bottom of page 6.

SECTION 2 - ASSETS - THINGS YOU HAVE AND OWN

5. A. How much cash do you have in your possession? $

B. List all of your financial accounts. 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 $			

6. A. Do you 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 the vehicles below) ☐ No (go to 6.B)

Owner	Year, Make/Model	Present Value	Loan Balance (if any)	Main Purpose for Use
TOTAL COUNTABLE VALUE $		0.00		

(Options continue on next page)

6. B. Do you own any real estate other than where you live?

☐ Yes (list below) ☐ No (go to 6.C)

Owner	Description	Market Value	Loan Balance (if any)	Income Amount
	TOTALS $	0.00		

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

☐ Yes (list below) ☐ No (go to 7)

Owner	Description	Market Value	Loan Balance (if any)	Income Amount
	TOTALS $	0.00		

SECTION 3 - MONTHLY HOUSEHOLD INCOME

The next question asks about monthly take home pay. Enter your take home pay, and check the box to show whether you are paid weekly, every 2 weeks, twice a month, or monthly. Add the monthly amount on line 9.A.

7. Are you employed? ☐ Yes (provide information below) ☐ No

Employer Name, Address, and Phone: (Write "self" if self-employed)	Take home pay or earnings if self-employed (Net) Choose one: ☐ Weekly ☐ Every 2 Weeks ☐ Monthly ☐ Twice a Month	$

8. A. Do you receive support or contributions from any person or organization?

☐ Yes (go to question 8.B) ☐ No (go to question 9)

B. Is the support received under a loan agreement?

☐ Yes (go to question 9) ☐ No (go to question 8.C)

C. How much money do you receive each month? (Show this amount on line I of question 9)

$	**Source**

9.

Income (Be sure to show **monthly** amounts below)	Your Income	SSA USE ONLY
A. Take Home Pay (Net) (from question 7)		
B. Social Security Benefits (retirement, disability, widows, students, etc.)		
C. Supplemental Security Income (SSI)		

(Options continue on next page)

9.				
	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 question 6.B and 6.C)			
	G. Room and/or Board Payments from a person who is not a Dependent. Explain in Remarks below.			
	H. Child Support/Alimony			
	I. Other Support (from question 8.C)			
	J. Income from Assets (from question 5.B)			
	K. Other (from any source, explain in REMARKS below)			
	TOTAL:			
	REMARKS:			

SECTION 4 - 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** average amounts in number 10). Please write only whole dollar amount and round any cents to the nearest dollar.

10.	**Type of Expense**	**$ 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, 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)		

(Options continue on next page)

10.			
	I. Medical/Dental (prescriptions and medical equipment, if not paid by insurance)		
	J. Vehicle Loan/Lease Payment		
	K. Vehicle Expenses (gas and repairs)		
	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 expense not shown above _____		
	TOTAL		

EXPENSE REMARKS: (Please provide any additional information not included above. Also, explain any unusual or very large expenses such as medical, college, etc.)

SECTION 5 - INCOME AND EXPENSES COMPARISON

11.		
	A. Your Monthly Income Write the amount here from "**Total**" of question 9.	$
	B. Your Monthly Expenses Write the amount here from "**Total**" of question 10.	$
	C. Total Subtract B from A.	$

12. If your expenses in 11.B are more than your income in 11.A, explain how you are paying your bills. If you are not paying your bills, explain which bills have unpaid balances.

SECTION 6 - FINANCIAL EXPECTATION AND FUNDS AVAILABILITY

13. A. Do you expect to receive an inheritance within the next 6 months?

☐ Yes (Explain on line below) ☐ No (go to 13.B)

B. Is there any reason you **cannot** convert or sell the "Balance or Value" of any financial assets shown in items 5.B, 6.A, 6.B, or 6.C to cash?

☐ Yes (Explain on line below) ☐ No

C. Please provide the total of your assets from questions, 5.A, 5.B, 6.A, 6.B, and 6.C

Total $: _____

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

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)
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 (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)

About the Privacy Act

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 request for change in overpayment recovery rate.

We will use the information to make a determination regarding overpayment recovery. We may also share your information for the following purposes, called routine uses:

1. To employers to assist the Social Security Administration (SSA) in the collection of debts owed by former beneficiaries and representative payees of Social Security payments who received an overpayment and owe a delinquent debt to the SSA; and

2. To another Federal agency that has asked SSA to effect an administrative offset under common law or under 31 U.S.C. 3716 to help collect a debt owed the United States.

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 (SORNs) 60-0094, entitled Recovery of Overpayments, Accounting and Reporting/Debt Management System; 60-0231, entitled Financial Transactions of SSA Accounting and Finance Offices; and 60-0320, entitled Electronic Disability Claims File. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

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. We estimate that it will take about 2 hours to read the instructions, gather the facts, and answer the questions. **SEND 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.** *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.***