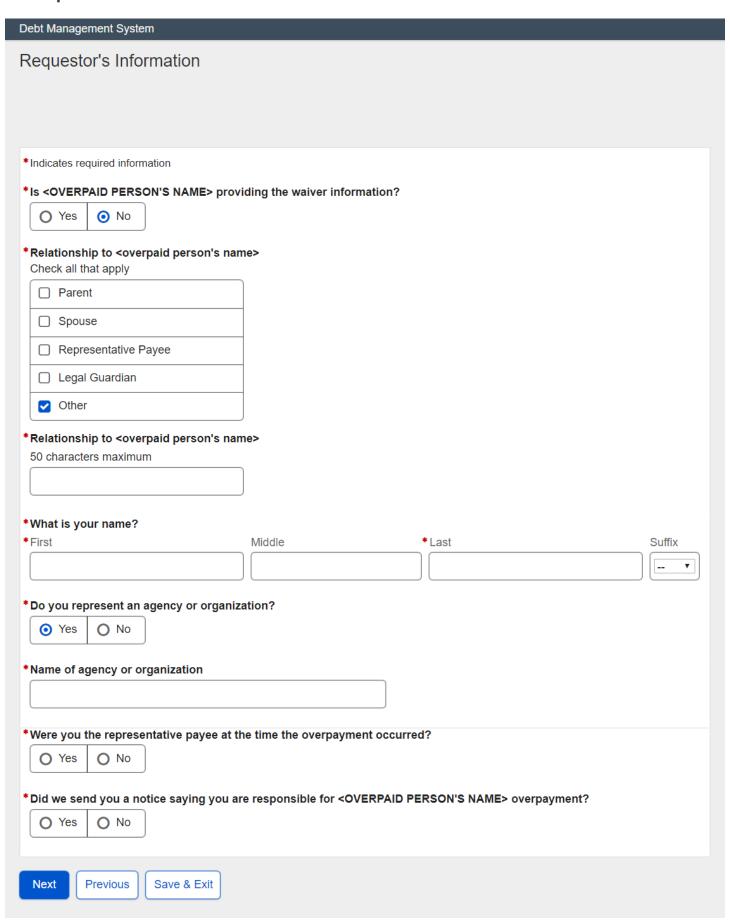
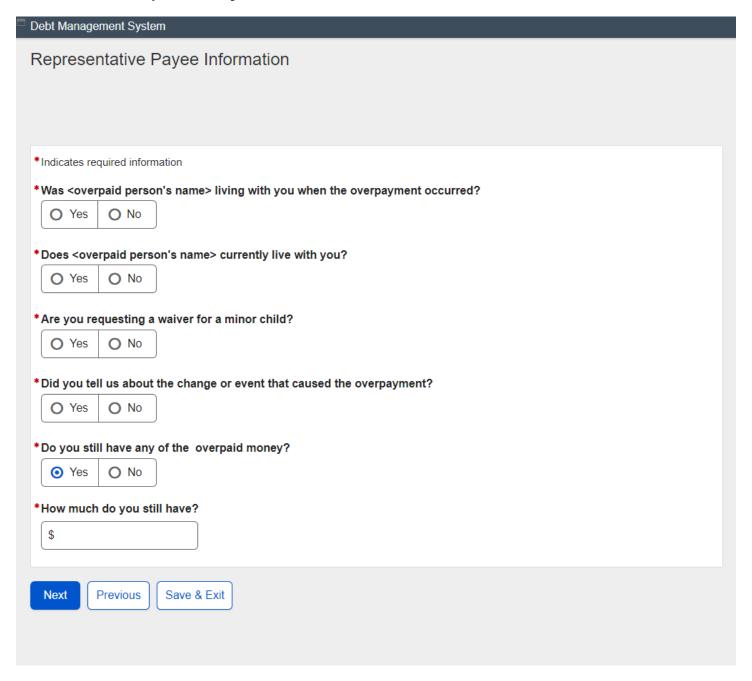
## 1. Requestor's Information



## 2. Representative Payee Information

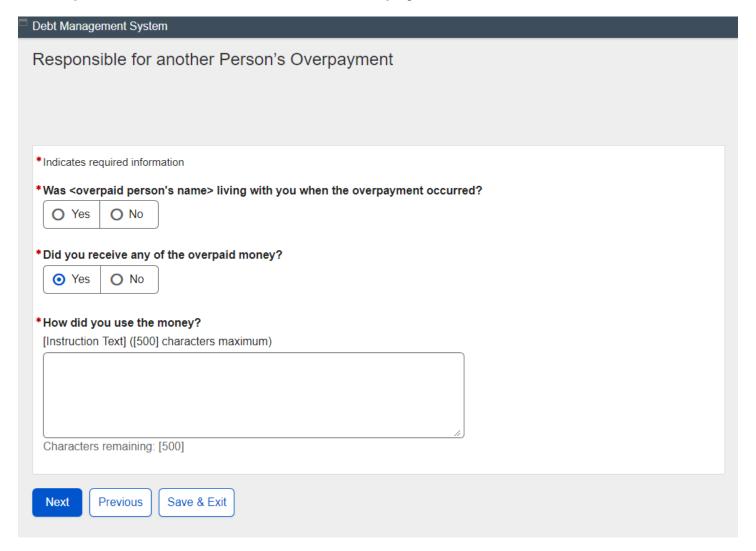
### 2.1. Still Has Overpaid Money



# 2.2. Does Not Have Overpaid Money

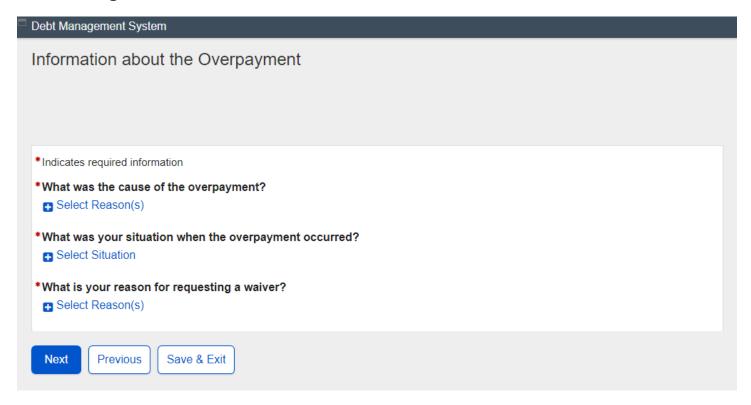
Debt Management System
Representative Payee Information
*Indicates required information
*Was <overpaid name="" person's=""> living with you when the overpayment occurred?</overpaid>
O Yes O No
*Does <overpaid name="" person's=""> currently live with you?</overpaid>
O Yes O No
*Are you requesting a waiver for a minor child?
O Yes O No
*Did you tell us about the change or event that caused the overpayment?
O Yes O No
*Do you still have any of the overpaid money?
O Yes O No
*Did you use the overpaid money for <overpaid name="" person's="">?</overpaid>
O Yes O No
*How did you use the money?
[Instruction Text] ([500] characters maximum)
Characters remaining: [500]
Next Previous Save & Exit

# 3. Responsible for another Person's Overpayment



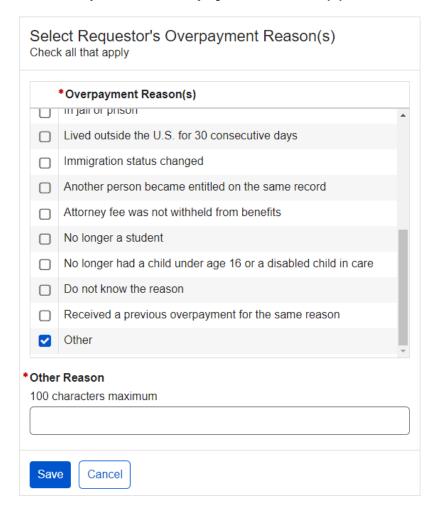
# 4. Information about the Overpayment

## 4.1. Main Page

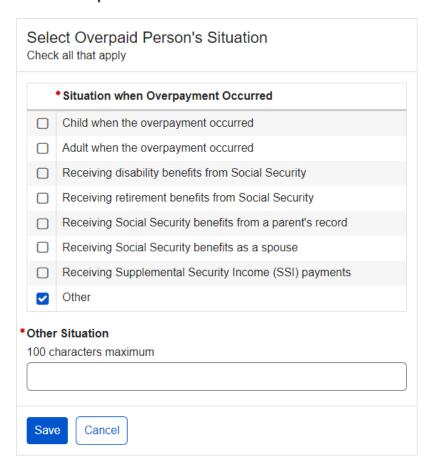


#### 4.2. Modals

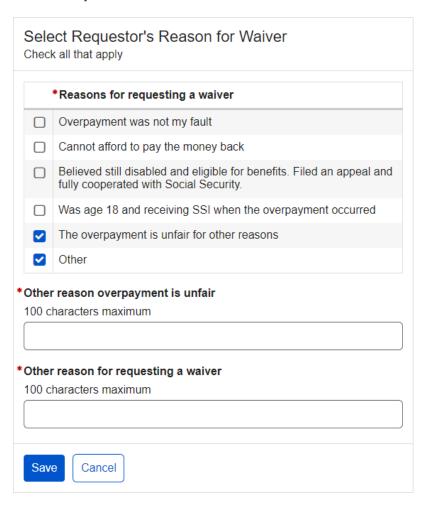
## 4.2.1. Requestor's Overpayment Reason(s)



## 4.2.2. Overpaid Person's Situation

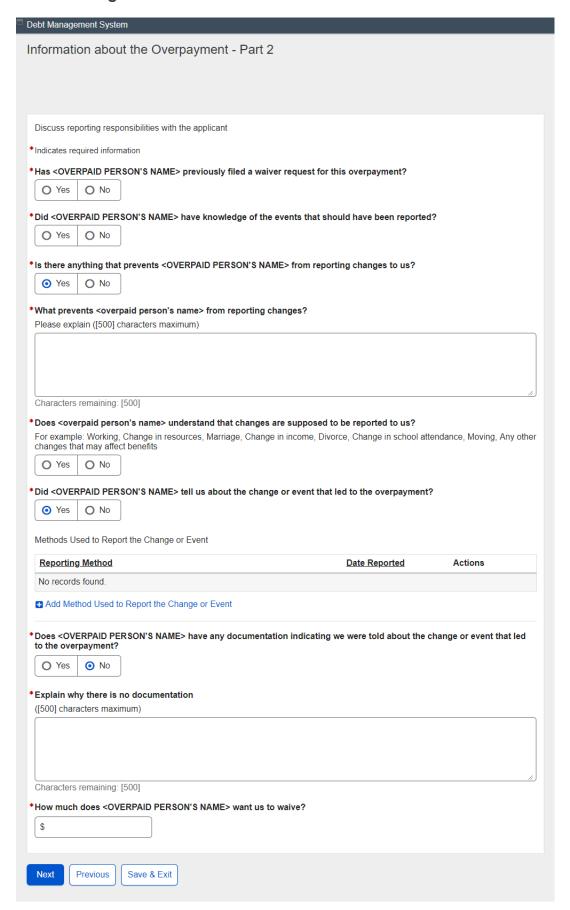


### 4.2.3. Requestor's Reason for Waiver

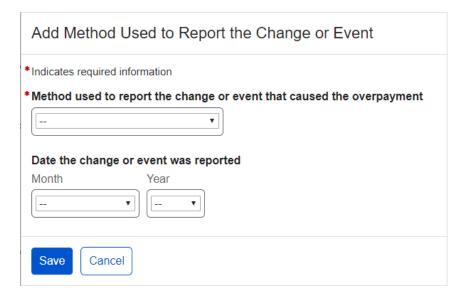


## 5. Information about the Overpayment - Part 2

#### 5.1. Main Page

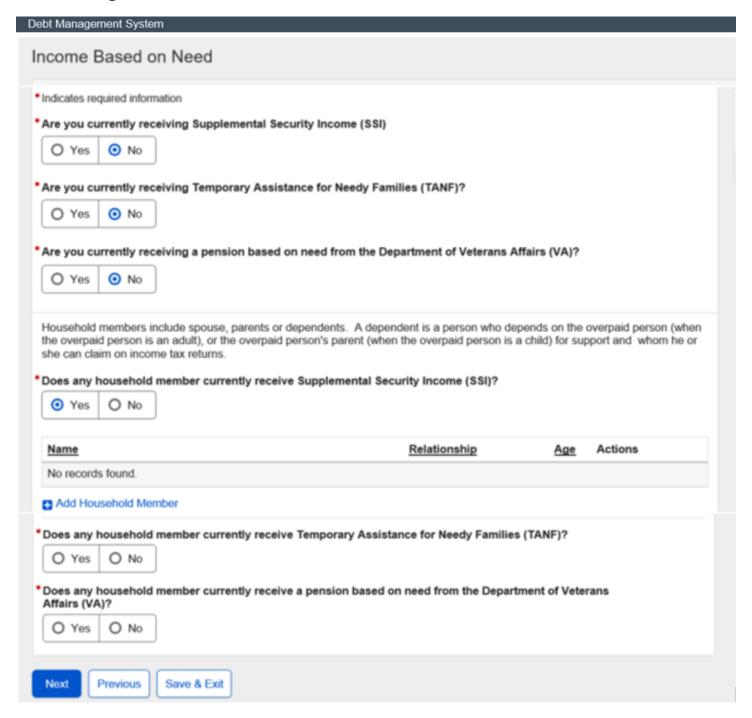


## 5.2. Modal



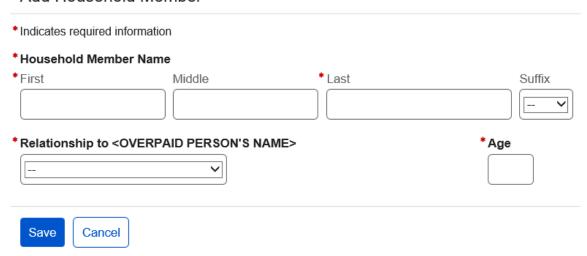
#### 6. Income Based on Need

#### 6.1. Main Page

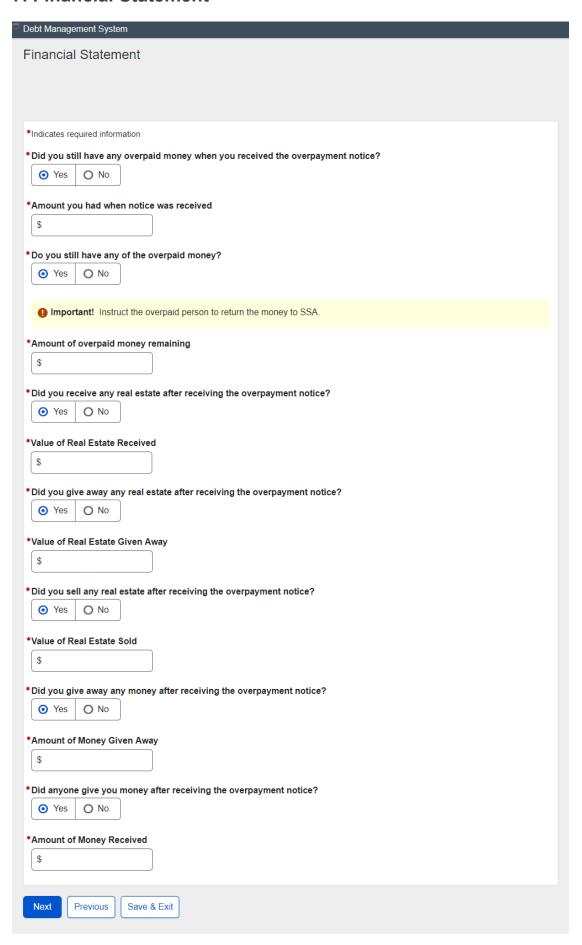


## 6.2. Modal

## Add Household Member



#### 7. Financial Statement

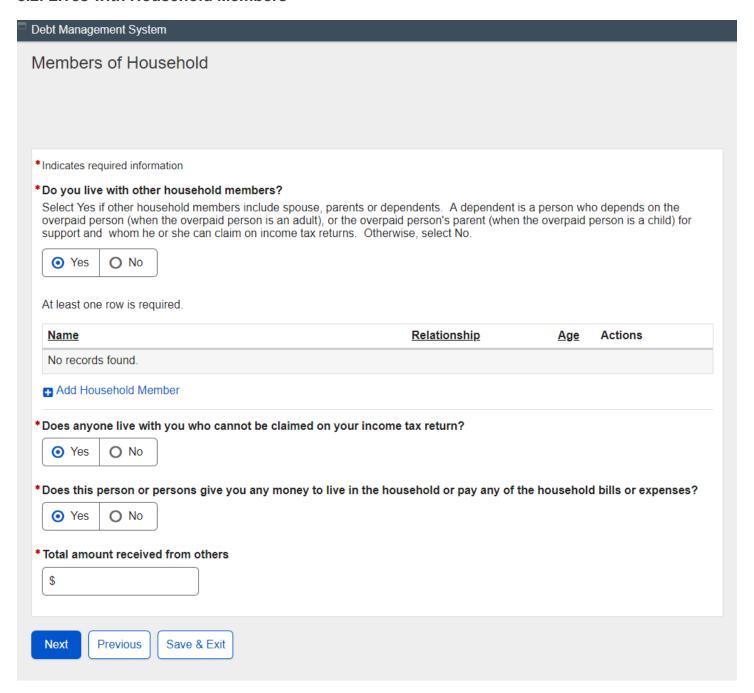


# 8. Members of the Household

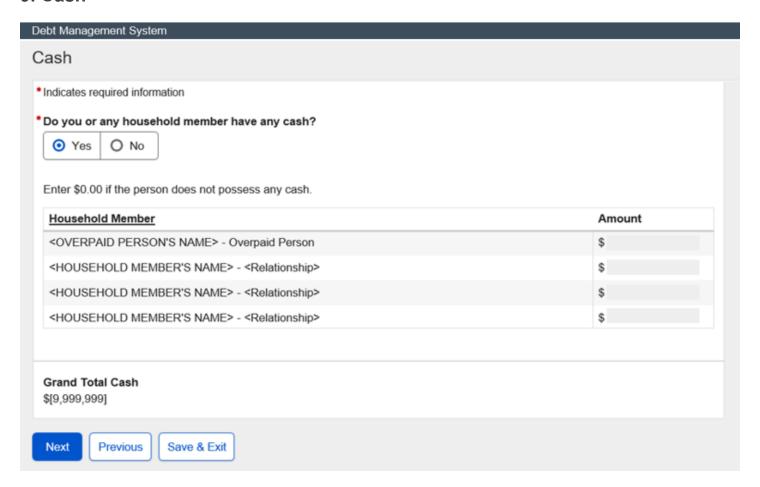
# 8.1. Non-Dependent in Household

Debt Managem	nent System
Members	of Household
*Do you live Select Yes if overpaid per	with other household members?  other household members include spouse, parents or dependents. A dependent is a person who depends on the ison (when the overpaid person is an adult), or the overpaid person's parent (when the overpaid person is a child) for whom he or she can claim on income tax returns. Otherwise, select No.
	ne live with you who cannot be claimed on your income tax return?
• Yes	erson or persons give you any money to live in the household or pay any of the household bills or expenses?  No  No  Intreceived from others
\$	
<b>Next</b> Pr	revious Save & Exit

#### 8.2. Lives with Household Members

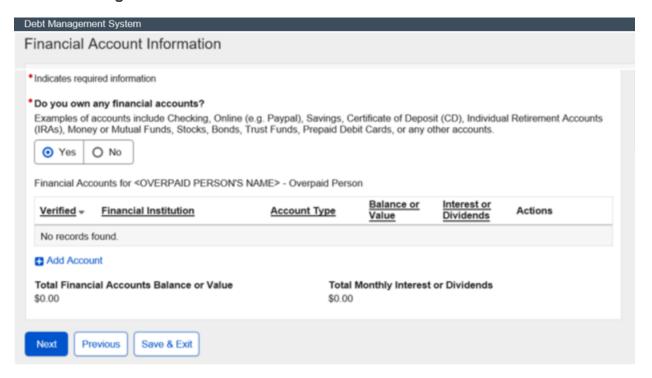


### 9. Cash



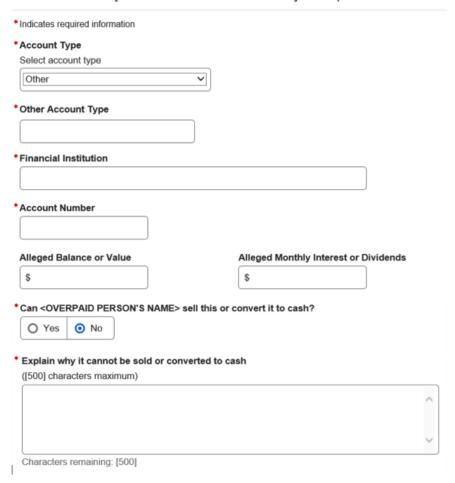
### 10. Financial Account Information

### 10.1. Main Page



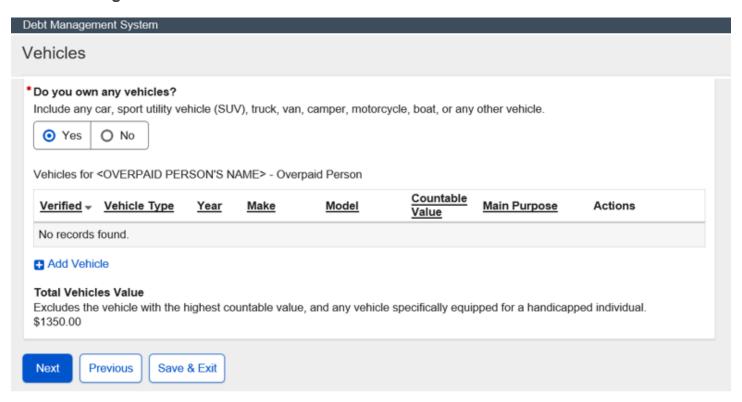
#### 10.2. Modal

#### Add Account for [OVERPAID PERSON'S NAME] - Overpaid Person

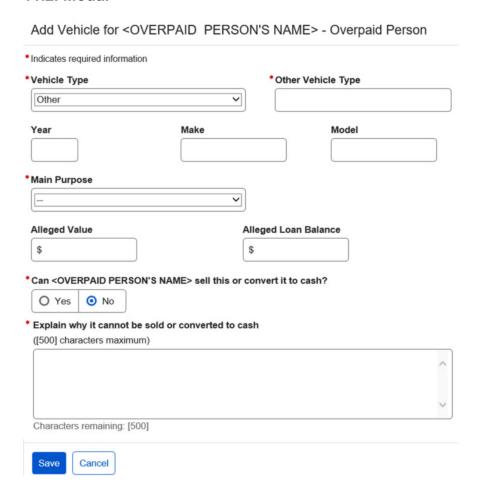


#### 11. Vehicles

#### 11.1. Main Page

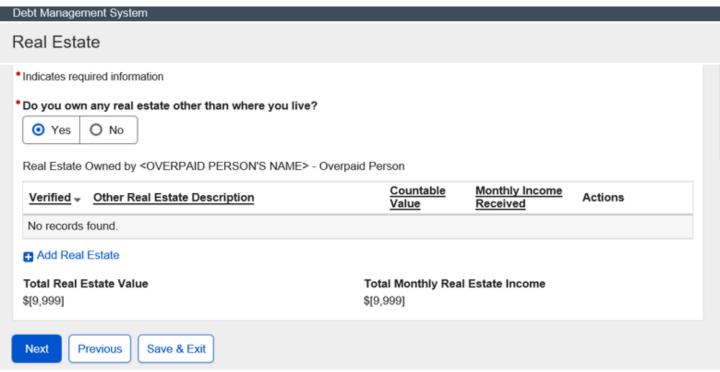


#### 11.2. Modal



#### 12. Real Estate

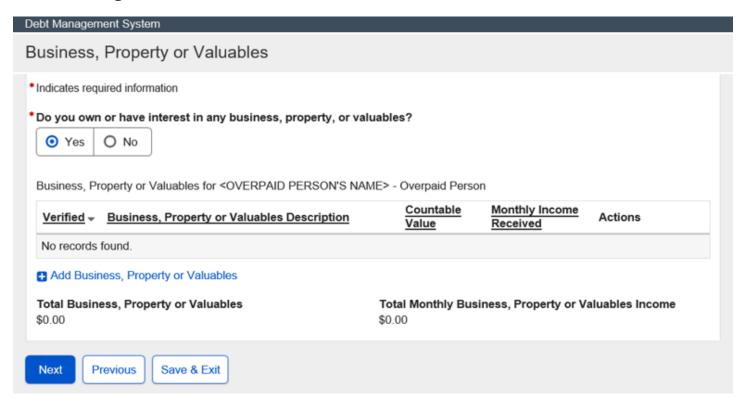
### 12.1. Main Page



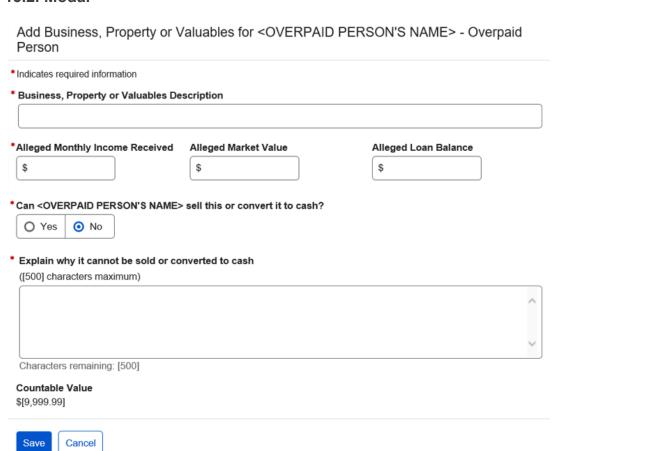
12.2. Modal			
Add Other Real Estate Own Overpaid Person	ed by <overpaid p<="" th=""><th>ERSON'S NAME&gt; -</th><th></th></overpaid>	ERSON'S NAME> -	
*Indicates required information			
*Other Real Estate Description			
*Alleged Monthly Income Received	Alleged Market Value	Alleged Loan Balance	
\$	[ \$	\$	
* Can <overpaid *="" be="" cannot="" co<="" explain="" it="" name:="" no="" o="" or="" person's="" sold="" td="" why="" yes=""><td></td><td>sh?</td><td></td></overpaid>		sh?	
([500] characters maximum)			_
			< >
Characters remaining: [500]			
Save Cancel			

### 13. Business, Property, or Valuables

#### 13.1. Main Page

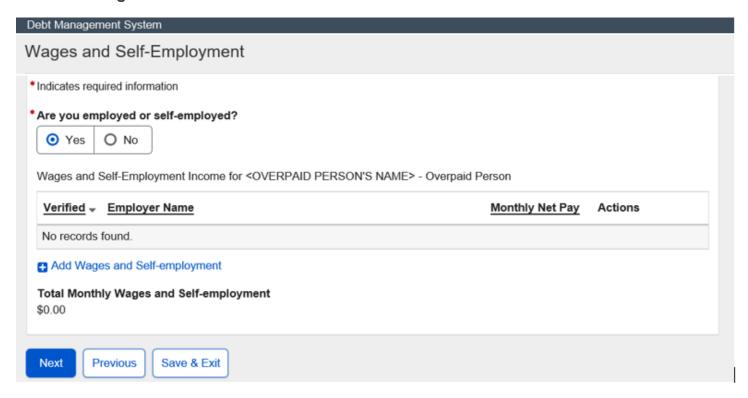


#### 13.2. Modal



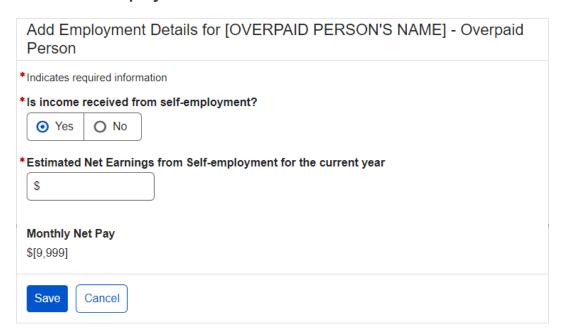
## 14. Wages and Self Employment

### 14.1. Main Page

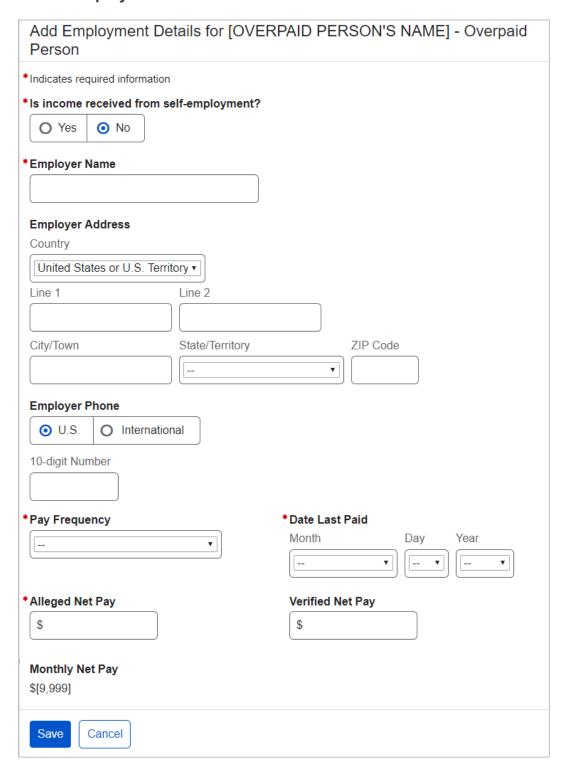


#### 14.2. Modal

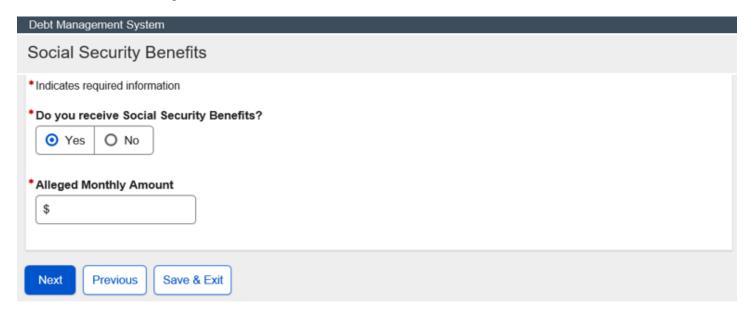
#### 14.2.1. Self-Employment



## 14.2.2. **Employed**

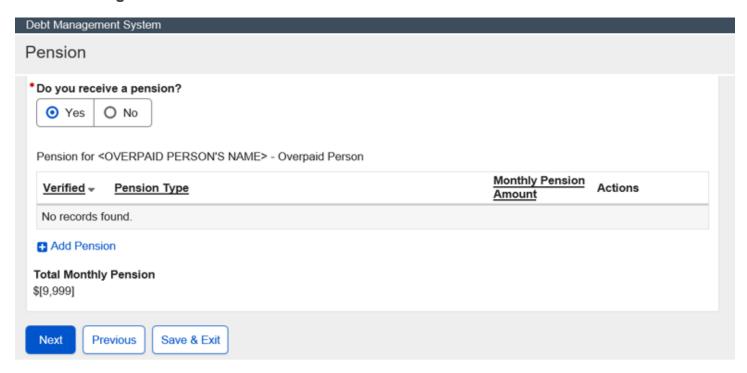


# 15. Social Security Benefits



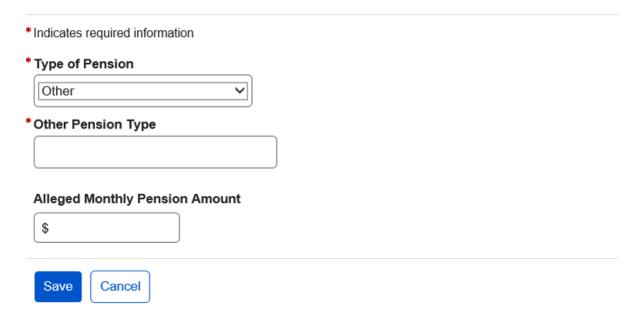
#### 16. Pension

### 16.1. Main Page

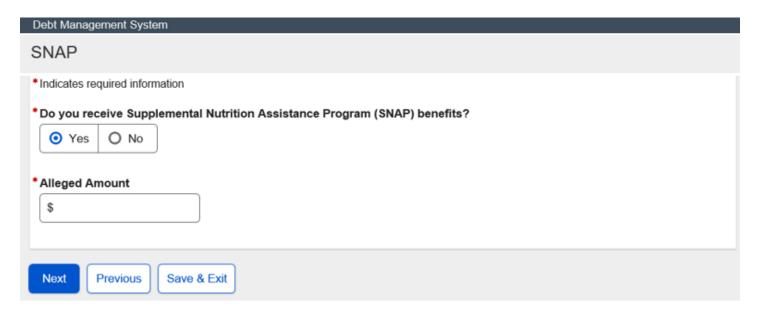


#### 16.2. Modal

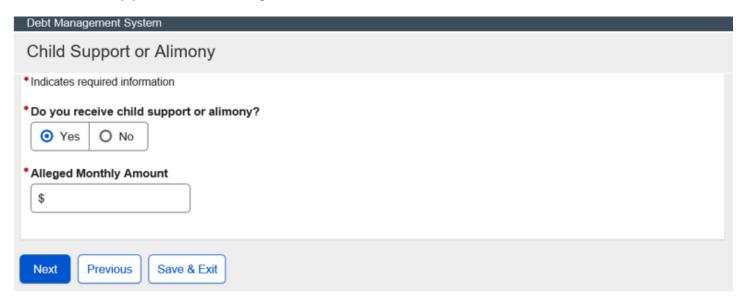
Add Pension for <OVERPAID PERSON'S NAME> - Overpaid Person



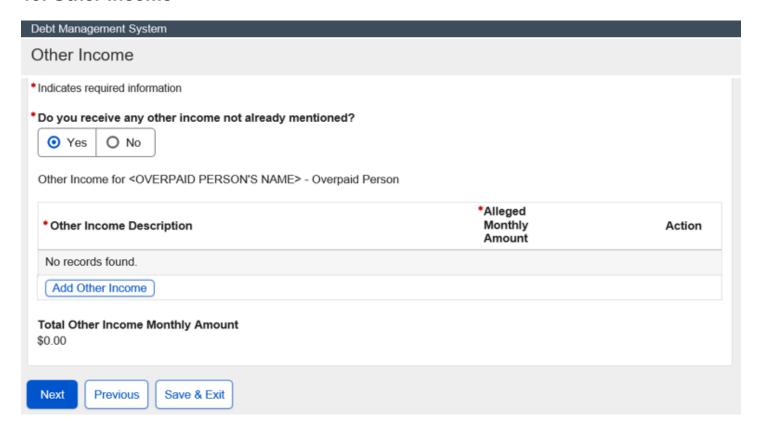
### **17. SNAP**



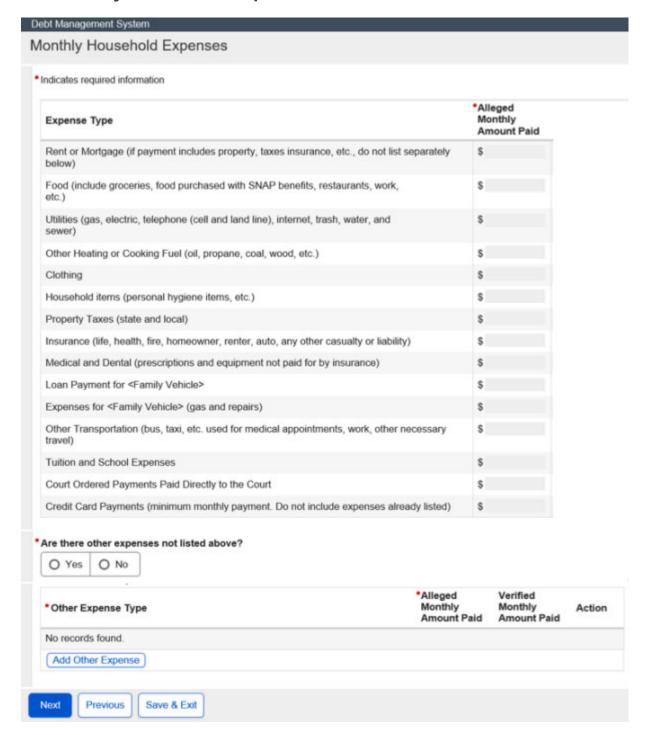
# 18. Child Support or Alimony



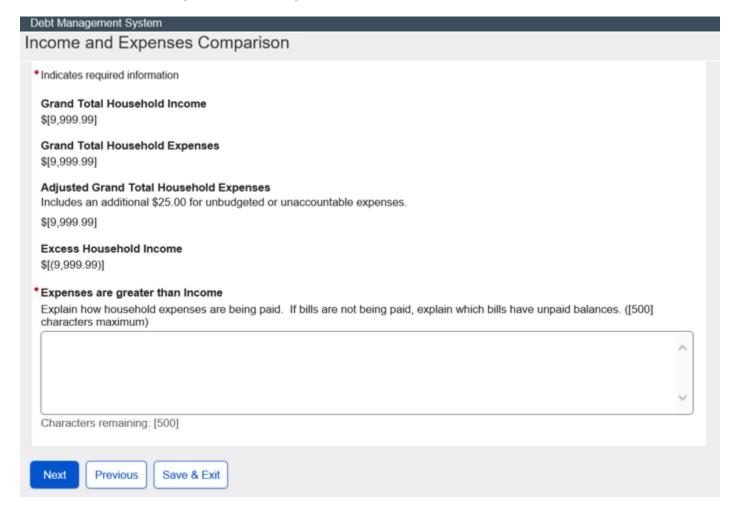
### 19. Other Income



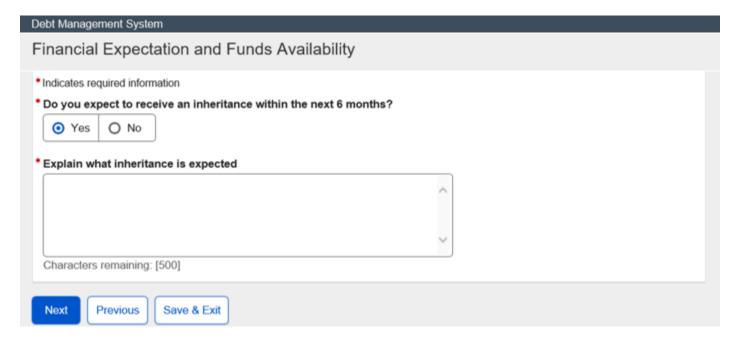
### 20. Monthly Household Expenses



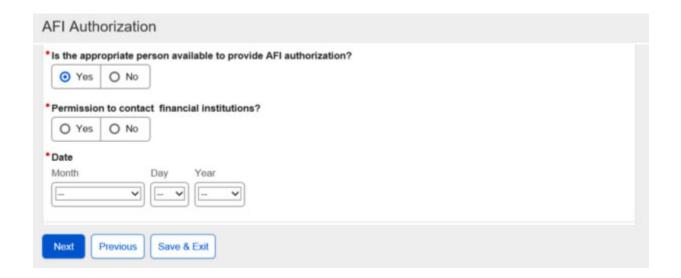
## 21. Income and Expenses Comparison



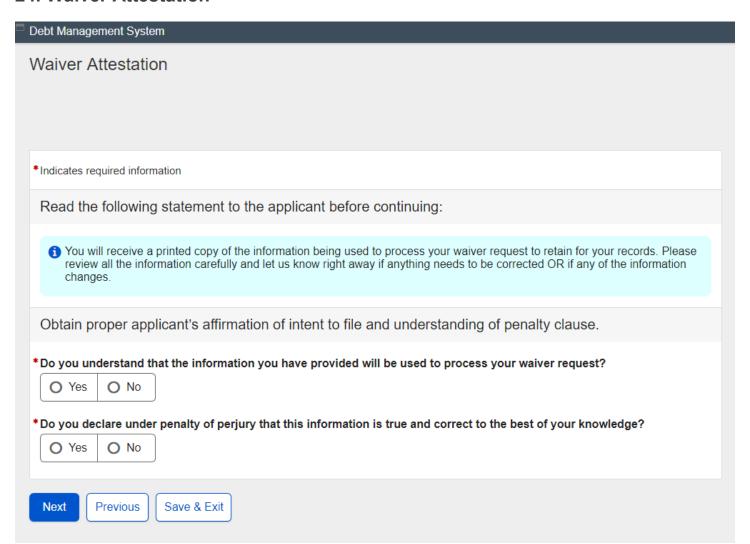
# 22. Financial Expectation and Funds Availability



## 23. AFI Authorization



#### 24. Waiver Attestation



### 25. Summary

### Request for Waiver of Overpayment Recovery Summary

OMB No. 0960-0037

#### Interview

#### Waiver Request

Waiver Request Date: [Answer]

#### Requestor's Information

Are you <overpaid person's name>?: [Answer]

Relationship to <overpaid person's name>: [Answer]

What is your name?: [Answer]

Do you represent an agency or organization?: [Answer]

Name of agency or organization: [Answer]

#### Representative Payee Information

Were you the representative payee at the time the overpayment occurred?: [Answer]

Was <overpaid person's name> living with you when the overpayment occurred?: [Answer]

Does <overpaid person's name> currently live with you?: [Answer]

Is <overpaid person's name> a minor child?: [Answer]

Did you tell us about the change or event that caused the overpayment?: [Answer]

Do you still have any of the overpaid money?: [Answer]

Was <overpaid person's name> living with you when the overpayment occurred?: [Answer]

How did you use the money?: [Answer]

#### Responsible for Another Individual's Overpayment

Did we send you a notice saying you are responsible for <overpaid person's name>'s overpayment?: [Answer]

Are you the spouse, parent or child of <overpaid person's name>?: [Answer]

Was <overpaid person's name> living with you when the overpayment occurred?: [Answer]

Did you receive any of the overpaid money?: [Answer]

How did you use the money?: [Answer]

#### Information about the Overpayment

What was the cause of the overpayment?: [Answer]

#### **Waiver Attestation**

Do you understand that the information you have provided will be used to process your waiver request?: [Answer]

Do you declare under penalty of perjury that the information is true and correct to the best of your knowledge?: [Answer]

#### 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 workers, 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 purpose 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 <a href="https://www.ssa.gov/privacy.">www.ssa.gov/privacy.</a>

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 120 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 <a href="https://www.socialsecurity.gov">www.socialsecurity.gov</a>. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800772-1213 (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.