

# 1. Requestor's Information

Debt Management System

## Requestor's Information

\*Indicates required information

\*Is <OVERPAID PERSON'S NAME> providing the waiver information?

Yes  No

\*Relationship to <overpaid person's name>

Check all that apply

<input type="checkbox"/> Parent
<input type="checkbox"/> Spouse
<input type="checkbox"/> Representative Payee
<input type="checkbox"/> Legal Guardian
<input checked="" type="checkbox"/> Other

\*Relationship to <overpaid person's name>

50 characters maximum

\*What is your name?

\*First

Middle

\*Last

Suffix

\*Do you represent an agency or organization?

Yes  No

\*Name of agency or organization

\*Were you the representative payee at the time the overpayment occurred?

Yes  No

\*Did we send you a notice saying you are responsible for <OVERPAID PERSON'S NAME> overpayment?

Yes  No

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Save & Exit

## 2. Representative Payee Information

### 2.1. Still Has Overpaid Money

Debt Management System

### Representative Payee Information

\* Indicates required information

\* Was <overpaid person's name> living with you when the overpayment occurred?

Yes  No

\* Does <overpaid person's name> currently live with you?

Yes  No

\* Are you requesting a waiver for a minor child?

Yes  No

\* Did you tell us about the change or event that caused the overpayment?

Yes  No

\* Do you still have any of the overpaid money?

Yes  No

\* How much do you still have?

\$

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## 2.2. Does Not Have Overpaid Money

### Representative Payee Information

\* Indicates required information

\* Was <overpaid person's name> living with you when the overpayment occurred?

Yes  No

\* Does <overpaid person's name> currently live with you?

Yes  No

\* Are you requesting a waiver for a minor child?

Yes  No

\* Did you tell us about the change or event that caused the overpayment?

Yes  No

\* Do you still have any of the overpaid money?

Yes  No

\* Did you use the overpaid money for <overpaid person's name>?

Yes  No

\* How did you use the money?

[Instruction Text] ([500] characters maximum)

Characters remaining: [500]

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### 3. Responsible for another Person's Overpayment

#### Responsible for another Person's Overpayment

\*Indicates required information

\*Was <overpaid person's name> living with you when the overpayment occurred?

Yes  No

\*Did you receive any of the overpaid money?

Yes  No

\*How did you use the money?

[Instruction Text] ([500] characters maximum)

Characters remaining: [500]

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## 4. Information about the Overpayment

### 4.1. Main Page

Debt Management System

### Information about the Overpayment

\* Indicates required information

\* **What was the cause of the overpayment?**  
[+ Select Reason\(s\)](#)

\* **What was your situation when the overpayment occurred?**  
[+ Select Situation](#)

\* **What is your reason for requesting a waiver?**  
[+ Select Reason\(s\)](#)

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## 4.2. Modals

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

Select Requestor's Overpayment Reason(s)  
Check all that apply

**\*Overpayment Reason(s)**

<input type="checkbox"/>	In jail or prison
<input type="checkbox"/>	Lived outside the U.S. for 30 consecutive days
<input type="checkbox"/>	Immigration status changed
<input type="checkbox"/>	Another person became entitled on the same record
<input type="checkbox"/>	Attorney fee was not withheld from benefits
<input type="checkbox"/>	No longer a student
<input type="checkbox"/>	No longer had a child under age 16 or a disabled child in care
<input type="checkbox"/>	Do not know the reason
<input type="checkbox"/>	Received a previous overpayment for the same reason
<input checked="" type="checkbox"/>	Other

**\*Other Reason**  
100 characters maximum

## 4.2.2. Overpaid Person's Situation

### Select Overpaid Person's Situation

Check all that apply

#### \* Situation when Overpayment Occurred

- Child when the overpayment occurred
- Adult when the overpayment occurred
- Receiving disability benefits from Social Security
- Receiving retirement benefits from Social Security
- Receiving Social Security benefits from a parent's record
- Receiving Social Security benefits as a spouse
- Receiving Supplemental Security Income (SSI) payments
- Other

#### \*Other Situation

100 characters maximum

Save

Cancel

### 4.2.3. Requestor's Reason for Waiver

#### Select Requestor's Reason for Waiver

Check all that apply

##### \*Reasons for requesting a waiver

- Overpayment was not my fault
- Cannot afford to pay the money back
- Believed still disabled and eligible for benefits. Filed an appeal and fully cooperated with Social Security.
- Was age 18 and receiving SSI when the overpayment occurred
- The overpayment is unfair for other reasons
- Other

##### \*Other reason overpayment is unfair

100 characters maximum

##### \*Other reason for requesting a waiver

100 characters maximum

Save

Cancel



## 5. Information about the Overpayment - Part 2

### 5.1. Main Page

Debt Management System

#### Information about the Overpayment - Part 2

Discuss reporting responsibilities with the applicant

\*Indicates required information

\*Has <OVERPAID PERSON'S NAME> previously filed a waiver request for this overpayment?

Yes  No

\*Did <OVERPAID PERSON'S NAME> have knowledge of the events that should have been reported?

Yes  No

\*Is there anything that prevents <OVERPAID PERSON'S NAME> from reporting changes to us?

Yes  No

\*What prevents <overpaid person's name> from reporting changes?

Please explain ([500] characters maximum)

Characters remaining: [500]

\*Does <overpaid person's name> understand that changes are supposed to be reported to us?

For example: Working, Change in resources, Marriage, Change in income, Divorce, Change in school attendance, Moving, Any other changes that may affect benefits

Yes  No

\*Did <OVERPAID PERSON'S NAME> tell us about the change or event that led to the overpayment?

Yes  No

Methods Used to Report the Change or Event

Reporting Method	Date Reported	Actions
No records found.		

[+ Add Method Used to Report the Change or Event](#)

\*Does <OVERPAID PERSON'S NAME> have any documentation indicating we were told about the change or event that led to the overpayment?

Yes  No

\*Explain why there is no documentation

([500] characters maximum)

Characters remaining: [500]

\*How much does <OVERPAID PERSON'S NAME> want us to waive?

\$

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## 5.2. Modal

### Add Method Used to Report the Change or Event

\* Indicates required information

\* **Method used to report the change or event that caused the overpayment**

**Date the change or event was reported**

Month      Year

## 6. Income Based on Need

### 6.1. Main Page

#### Income Based on Need

\* Indicates required information

\* Are you currently receiving Supplemental Security Income (SSI)

Yes  No

\* Are you currently receiving Temporary Assistance for Needy Families (TANF)?

Yes  No

\* Are you currently receiving a pension based on need from the Department of Veterans Affairs (VA)?

Yes  No

Household members include spouse, parents or dependents. A dependent is a person who depends on the overpaid person (when the overpaid person is an adult), or the overpaid person's parent (when the overpaid person is a child) for support and whom he or she can claim on income tax returns.

\* Does any household member currently receive Supplemental Security Income (SSI)?

Yes  No

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Actions</u>
-------------	---------------------	------------	----------------

No records found.

[Add Household Member](#)

\* Does any household member currently receive Temporary Assistance for Needy Families (TANF)?

Yes  No

\* Does any household member currently receive a pension based on need from the Department of Veterans Affairs (VA)?

Yes  No

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## 6.2. Modal

### Add Household Member

---

\* Indicates required information

**\* Household Member Name**

\* First  Middle  \* Last  Suffix

**\* Relationship to <OVERPAID PERSON'S NAME>**

**\* Age**

---

Save

Cancel

# 7. Financial Statement

## Financial Statement

\*Indicates required information

\*Did you still have any overpaid money when you received the overpayment notice?

Yes  No

\*Amount you had when notice was received

\$

\*Do you still have any of the overpaid money?

Yes  No

**Important!** Instruct the overpaid person to return the money to SSA.

\*Amount of overpaid money remaining

\$

\*Did you receive any real estate after receiving the overpayment notice?

Yes  No

\*Value of Real Estate Received

\$

\*Did you give away any real estate after receiving the overpayment notice?

Yes  No

\*Value of Real Estate Given Away

\$

\*Did you sell any real estate after receiving the overpayment notice?

Yes  No

\*Value of Real Estate Sold

\$

\*Did you give away any money after receiving the overpayment notice?

Yes  No

\*Amount of Money Given Away

\$

\*Did anyone give you money after receiving the overpayment notice?

Yes  No

\*Amount of Money Received

\$

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## 8. Members of the Household

### 8.1. Non-Dependent in Household

Debt Management System

#### Members of Household

\* Indicates required information

**\* Do you live with other household members?**  
Select Yes if other household members include spouse, parents or dependents. A dependent is a person who depends on the overpaid person (when the overpaid person is an adult), or the overpaid person's parent (when the overpaid person is a child) for support and whom he or she can claim on income tax returns. Otherwise, select No.

Yes  No

**\* Does anyone live with you who cannot be claimed on your income tax return?**

Yes  No

**\* Does this person or persons give you any money to live in the household or pay any of the household bills or expenses?**

Yes  No

**\* Total amount received from others**

\$

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## 8.2. Lives with Household Members

### Members of Household

\* Indicates required information

**\* Do you live with other household members?**

Select Yes if other household members include spouse, parents or dependents. A dependent is a person who depends on the overpaid person (when the overpaid person is an adult), or the overpaid person's parent (when the overpaid person is a child) for support and whom he or she can claim on income tax returns. Otherwise, select No.

Yes  No

At least one row is required.

Name	Relationship	Age	Actions
No records found.			

[+ Add Household Member](#)

**\* Does anyone live with you who cannot be claimed on your income tax return?**

Yes  No

**\* Does this person or persons give you any money to live in the household or pay any of the household bills or expenses?**

Yes  No

**\* Total amount received from others**

\$

## 9. Cash

### Cash

\* Indicates required information

\* Do you or any household member have any cash?

Yes  No

Enter \$0.00 if the person does not possess any cash.

<u>Household Member</u>	<u>Amount</u>
<OVERPAID PERSON'S NAME> - Overpaid Person	\$ <input type="text"/>
<HOUSEHOLD MEMBER'S NAME> - <Relationship>	\$ <input type="text"/>
<HOUSEHOLD MEMBER'S NAME> - <Relationship>	\$ <input type="text"/>
<HOUSEHOLD MEMBER'S NAME> - <Relationship>	\$ <input type="text"/>

**Grand Total Cash**

[\$9,999,999]

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Save & Exit



# 10. Financial Account Information

## 10.1. Main Page

Debt Management System

### Financial Account Information

• Indicates required information

• **Do you own any financial accounts?**  
Examples of accounts 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.

Yes  No

Financial Accounts for <OVERPAID PERSON'S NAME> - Overpaid Person

<u>Verified</u> ▾	<u>Financial Institution</u>	<u>Account Type</u>	<u>Balance or Value</u>	<u>Interest or Dividends</u>	<u>Actions</u>
No records found.					

[+ Add Account](#)

<b>Total Financial Accounts Balance or Value</b>	<b>Total Monthly Interest or Dividends</b>
\$0.00	\$0.00

[Next](#) [Previous](#) [Save & Exit](#)

## 10.2. Modal

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

---

\* Indicates required information

\* **Account Type**

Select account type

\* **Other Account Type**

\* **Financial Institution**

\* **Account Number**

**Alleged Balance or Value**

**Alleged Monthly Interest or Dividends**

\* **Can <OVERPAID PERSON'S NAME> sell this or convert it to cash?**

 Yes  No

\* **Explain why it cannot be sold or converted to cash**

([500] characters maximum)

Characters remaining: [500]

# 11. Vehicles

## 11.1. Main Page

Debt Management System

### Vehicles

**\* Do you own any vehicles?**  
Include any car, sport utility vehicle (SUV), truck, van, camper, motorcycle, boat, or any other vehicle.

Yes  No

Vehicles for <OVERPAID PERSON'S NAME> - Overpaid Person

<u>Verified</u> ▾	<u>Vehicle Type</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Countable Value</u>	<u>Main Purpose</u>	<u>Actions</u>
No records found.							

[+ Add Vehicle](#)

**Total Vehicles Value**  
Excludes the vehicle with the highest countable value, and any vehicle specifically equipped for a handicapped individual.  
\$1350.00

[Next](#) [Previous](#) [Save & Exit](#)

## 11.2. Modal

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

\* Indicates required information

\* Vehicle Type

\* Other Vehicle Type

Year

Make

Model

\* Main Purpose

Alleged Value

Alleged Loan Balance

\* Can <OVERPAID PERSON'S NAME> sell this or convert it to cash?

Yes  No

\* Explain why it cannot be sold or converted to cash

(500) characters maximum

Characters remaining: [500]

[Save](#) [Cancel](#)

## 12. Real Estate

### 12.1. Main Page

Debt Management System

### Real Estate

\* Indicates required information

\* Do you own any real estate other than where you live?

Yes  No

Real Estate Owned by <OVERPAID PERSON'S NAME> - Overpaid Person

<u>Verified</u> ▾	<u>Other Real Estate Description</u>	<u>Countable Value</u>	<u>Monthly Income Received</u>	<u>Actions</u>
No records found.				

[+ Add Real Estate](#)

**Total Real Estate Value**  
\$[9,999]

**Total Monthly Real Estate Income**  
\$[9,999]

[Next](#) [Previous](#) [Save & Exit](#)

### 12.2. Modal

Add Other Real Estate Owned by <OVERPAID PERSON'S NAME> - Overpaid Person

\* Indicates required information

\* **Other Real Estate Description**

\* **Alleged Monthly Income Received**    **Alleged Market Value**    **Alleged Loan Balance**

\$     \$     \$

\* **Can <OVERPAID PERSON'S NAME> sell this or convert it to cash?**

Yes  No

\* **Explain why it cannot be sold or converted to cash**  
([500] characters maximum)

Characters remaining: [500]

[Save](#) [Cancel](#)

## 13. Business, Property, or Valuables

### 13.1. Main Page

Debt Management System

### Business, Property or Valuables

\* Indicates required information

\* Do you own or have interest in any business, property, or valuables?

Yes  No

Business, Property or Valuables for <OVERPAID PERSON'S NAME> - Overpaid Person

Verified ▾	Business, Property or Valuables Description	Countable Value	Monthly Income Received	Actions
No records found.				

[+ Add Business, Property or Valuables](#)

**Total Business, Property or Valuables**  
\$0.00

**Total Monthly Business, Property or Valuables Income**  
\$0.00

[Next](#) [Previous](#) [Save & Exit](#)

### 13.2. Modal

Add Business, Property or Valuables for <OVERPAID PERSON'S NAME> - Overpaid Person

\* Indicates required information

\* Business, Property or Valuables Description

\* Alleged Monthly Income Received \$

\* Alleged Market Value \$

\* Alleged Loan Balance \$

\* Can <OVERPAID PERSON'S NAME> sell this or convert it to cash?

Yes  No

\* Explain why it cannot be sold or converted to cash  
([500] characters maximum)

Characters remaining: [500]

**Countable Value**  
\$[9,999.99]

[Save](#) [Cancel](#)

## 14. Wages and Self Employment

### 14.1. Main Page

Debt Management System

### Wages and Self-Employment

\* Indicates required information

\* **Are you employed or self-employed?**

Yes  No

Wages and Self-Employment Income for <OVERPAID PERSON'S NAME> - Overpaid Person

<u>Verified</u> ▾	<u>Employer Name</u>	<u>Monthly Net Pay</u>	<u>Actions</u>
No records found.			

[+ Add Wages and Self-employment](#)

**Total Monthly Wages and Self-employment**  
\$0.00

[Next](#) [Previous](#) [Save & Exit](#)

### 14.2. Modal

#### 14.2.1. Self-Employment

Add Employment Details for [OVERPAID PERSON'S NAME] - Overpaid Person

\* Indicates required information

\* **Is income received from self-employment?**

Yes  No

\* **Estimated Net Earnings from Self-employment for the current year**

\$

**Monthly Net Pay**  
\$[9,999]

[Save](#) [Cancel](#)

## 14.2.2. Employed

Add Employment Details for [OVERPAID PERSON'S NAME] - Overpaid Person

\*Indicates required information

**\*Is income received from self-employment?**

Yes  No

**\*Employer Name**

**Employer Address**

Country

Line 1  Line 2

City/Town  State/Territory  ZIP Code

**Employer Phone**

U.S.  International

10-digit Number

**\*Pay Frequency**

**\*Date Last Paid**

Month  Day  Year

**\*Alleged Net Pay**

**Verified Net Pay**

**Monthly Net Pay**  
\$[9,999]

## 15. Social Security Benefits

Debt Management System

### Social Security Benefits

\* Indicates required information

\* Do you receive Social Security Benefits?

Yes  No

\* Alleged Monthly Amount

\$

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## 16. Pension

### 16.1. Main Page

Debt Management System

### Pension

**\* Do you receive a pension?**

Yes  No

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

<u>Verified</u> ▾	<u>Pension Type</u>	<u>Monthly Pension Amount</u>	<u>Actions</u>
No records found.			

[+ Add Pension](#)

**Total Monthly Pension**  
\$[9,999]

[Next](#) [Previous](#) [Save & Exit](#)

### 16.2. Modal

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

\* Indicates required information

**\* Type of Pension**

Other ▾

**\* Other Pension Type**

**Alleged Monthly Pension Amount**

[Save](#) [Cancel](#)

## 17. SNAP

Debt Management System

### SNAP

\* Indicates required information

\* Do you receive Supplemental Nutrition Assistance Program (SNAP) benefits?

Yes  No

\* Alleged Amount

\$

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Save & Exit

## 18. Child Support or Alimony

Debt Management System

### Child Support or Alimony

\* Indicates required information

\* Do you receive child support or alimony?

Yes  No

\* Alleged Monthly Amount

\$

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## 19. Other Income

Debt Management System

### Other Income

\* Indicates required information

\* Do you receive any other income not already mentioned?

Yes  No

Other Income for <OVERPAID PERSON'S NAME> - Overpaid Person

* Other Income Description	* Alleged Monthly Amount	Action
No records found.		
<a href="#">Add Other Income</a>		

**Total Other Income Monthly Amount**  
\$0.00

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Save & Exit

## 20. Monthly Household Expenses

Debt Management System

### Monthly Household Expenses

\* Indicates required information

Expense Type	*Alleged Monthly Amount Paid
Rent or Mortgage (if payment includes property, taxes insurance, etc., do not list separately below)	\$ <input type="text"/>
Food (include groceries, food purchased with SNAP benefits, restaurants, work, etc.)	\$ <input type="text"/>
Utilities (gas, electric, telephone (cell and land line), internet, trash, water, and sewer)	\$ <input type="text"/>
Other Heating or Cooking Fuel (oil, propane, coal, wood, etc.)	\$ <input type="text"/>
Clothing	\$ <input type="text"/>
Household items (personal hygiene items, etc.)	\$ <input type="text"/>
Property Taxes (state and local)	\$ <input type="text"/>
Insurance (life, health, fire, homeowner, renter, auto, any other casualty or liability)	\$ <input type="text"/>
Medical and Dental (prescriptions and equipment not paid for by insurance)	\$ <input type="text"/>
Loan Payment for <Family Vehicle>	\$ <input type="text"/>
Expenses for <Family Vehicle> (gas and repairs)	\$ <input type="text"/>
Other Transportation (bus, taxi, etc. used for medical appointments, work, other necessary travel)	\$ <input type="text"/>
Tuition and School Expenses	\$ <input type="text"/>
Court Ordered Payments Paid Directly to the Court	\$ <input type="text"/>
Credit Card Payments (minimum monthly payment. Do not include expenses already listed)	\$ <input type="text"/>

\* Are there other expenses not listed above?

Yes  No

* Other Expense Type	*Alleged Monthly Amount Paid	Verified Monthly Amount Paid	Action
No records found.			
<a href="#">Add Other Expense</a>			

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Save & Exit

## 21. Income and Expenses Comparison

Debt Management System

### Income and Expenses Comparison

\* Indicates required information

**Grand Total Household Income**

[\$9,999.99]

**Grand Total Household Expenses**

[\$9,999.99]

**Adjusted Grand Total Household Expenses**

Includes an additional \$25.00 for unbudgeted or unaccountable expenses.

[\$9,999.99]

**Excess Household Income**

[\$(-9,999.99)]

\* **Expenses are greater than Income**

Explain how household expenses are being paid. If bills are not being paid, explain which bills have unpaid balances. ([500] characters maximum)

Characters remaining: [500]

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Save & Exit

## 22. Financial Expectation and Funds Availability

Debt Management System

### Financial Expectation and Funds Availability

• Indicates required information

• Do you expect to receive an inheritance within the next 6 months?

Yes  No

• Explain what inheritance is expected

Characters remaining: [500]

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Save & Exit

## 23. AFI Authorization

AFI Authorization

\* Is the appropriate person available to provide AFI authorization?

Yes  No

\* Permission to contact financial institutions?

Yes  No

\* Date

Month Day Year

Next Previous Save & Exit



## 24. Waiver Attestation

Debt Management System

### Waiver Attestation

\* Indicates required information

Read the following statement to the applicant before continuing:

**i** You will receive a printed copy of the information being used to process your waiver request to retain for your records. Please review all the information carefully and let us know right away if anything needs to be corrected OR if any of the information changes.

Obtain proper applicant's affirmation of intent to file and understanding of penalty clause.

\* Do you understand that the information you have provided will be used to process your waiver request?

Yes  No

\* Do you declare under penalty of perjury that this information is true and correct to the best of your knowledge?

Yes  No

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## 25. Summary

Request for Waiver of Overpayment Recovery Summary		OMB No. 0960-0037
<b>Interview</b>		
<b>Waiver Request</b>		
Waiver Request Date: <b>[Answer]</b>		
<b>Requestor's Information</b>		
Are you <overpaid person's name>?: <b>[Answer]</b>		
Relationship to <overpaid person's name>: <b>[Answer]</b>		
What is your name?: <b>[Answer]</b>		
Do you represent an agency or organization?: <b>[Answer]</b>		
Name of agency or organization: <b>[Answer]</b>		
<b>Representative Payee Information</b>		
Were you the representative payee at the time the overpayment occurred?: <b>[Answer]</b>		
Was <overpaid person's name> living with you when the overpayment occurred?: <b>[Answer]</b>		
Does <overpaid person's name> currently live with you?: <b>[Answer]</b>		
Is <overpaid person's name> a minor child?: <b>[Answer]</b>		
Did you tell us about the change or event that caused the overpayment?: <b>[Answer]</b>		
Do you still have any of the overpaid money?: <b>[Answer]</b>		
Was <overpaid person's name> living with you when the overpayment occurred?: <b>[Answer]</b>		
How did you use the money?: <b>[Answer]</b>		
<b>Responsible for Another Individual's Overpayment</b>		
Did we send you a notice saying you are responsible for <overpaid person's name>'s overpayment?: <b>[Answer]</b>		
Are you the spouse, parent or child of <overpaid person's name>?: <b>[Answer]</b>		
Was <overpaid person's name> living with you when the overpayment occurred?: <b>[Answer]</b>		
Did you receive any of the overpaid money?: <b>[Answer]</b>		
How did you use the money?: <b>[Answer]</b>		
<b>Information about the Overpayment</b>		
What was the cause of the overpayment?: <b>[Answer]</b>		
<b>Waiver Attestation</b>		
Do you understand that the information you have provided will be used to process your waiver request?: <b>[Answer]</b>		
Do you declare under penalty of perjury that the information is true and correct to the best of your knowledge?: <b>[Answer]</b>		

**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 [www.ssa.gov/privacy](http://www.ssa.gov/privacy).

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