

## Social Security Overpayments

### What is a Social Security overpayment?

An overpayment is when the Social Security Administration thinks it has paid you too much money. This can happen for many reasons. The Social Security Administration might think that you did not report all of your money. It might think that you are not disabled anymore so you should not have gotten payments during certain months or years.

### What should I do if Social Security says I was overpaid?

If Social Security says you were overpaid, you have 3 choices:

<p><b>Option 1: Appeal</b></p>	<ul style="list-style-type: none"> <li>• <b>When does it make sense to appeal?</b> You can appeal if you do not think you were overpaid. You can also appeal if you think the overpayment amount is wrong.</li> <li>• <b>How do I appeal?</b> <ol style="list-style-type: none"> <li>1. Fill out the appeal form (called a “Request for Reconsideration”). This form is attached.</li> <li>2. Attach a second page to the form. On this page, explain why you do not think you were overpaid or why you think the overpayment amount is wrong.</li> </ol> </li> <li>• <b>Is there a deadline to appeal?</b> Yes. You must file your appeal within <b>60 days</b> of the date on the overpayment notice. If you miss this deadline, you cannot appeal.</li> </ul>
<p><b>Option 2: Ask for a Waiver</b></p>	<ul style="list-style-type: none"> <li>• <b>When does it make sense to ask for a waiver?</b> Ask for a waiver if the overpayment wasn’t your fault and you can’t afford to pay it back.</li> <li>• <b>How do I ask for a waiver?</b> Fill out a <b>Request for Waiver of Overpayment Recovery</b>. This form is attached. You must prove (1) the overpayment wasn’t your fault <b>and</b> (2) you can’t afford to pay it back.</li> <li>• <b>Is there a deadline to ask for a waiver?</b> No. You can ask for a waiver at any time.</li> </ul>
<p><b>Option 3: Ask for a Payment Plan</b></p>	<ul style="list-style-type: none"> <li>• <b>When does it make sense to as for a payment plan?</b> Ask for a payment plan if you can’t afford to pay back the overpayment.</li> <li>• <b>How do I ask for a payment plan?</b> <ol style="list-style-type: none"> <li>1. Write a <b>letter</b> to the Social Security Administration. Tell them how much you can afford to pay each month. A sample letter is attached.</li> <li>2. Fill out a <b>Request for Change in Overpayment Recovery Rate</b>. This form is attached. It shows the Social Security office how much you can afford to pay each month.</li> </ol> </li> <li>• <b>What do I do if I agreed to a payment plan, but I can’t pay anymore?</b> If something happens and you can’t pay the same amount anymore, call the Social Security administration <b>right away</b> and ask to change the payment plan.</li> </ul>

## Helpful Tips

- **Do something. If you do nothing, the Social Security Administration will start to take the money out of your benefits.**
- File your appeal, waiver, or payment plan request **now**. This will stop the Social Security Administration from taking your entire check. But, if they deny your appeal or waiver, they will ask you to pay this money back.
- Bring your papers to your Social Security office in-person. **Keep a copy of them for yourself.** When you give them your papers, **ask for a receipt** in case SSA loses your papers.
- Take notes any time you talk to the Social Security office. Write down what they tell you. That way, if they tell you things that are different or don't make sense, you know to ask more questions.

*Even though Legal Aid is happy to give you this information, **we are not your lawyers.** You must meet all of your deadlines and file all of your papers yourself.*

## Option 1: Appeal

### When does it make sense to appeal?

You can appeal if you do not think you were overpaid. You can also appeal if you think the amount of overpayment is wrong.

### How do I appeal?

You need to do two things to appeal:

1. **The appeal form is on the next page.** Fill it out. Attach an extra page if you want more space to explain **why** you do not think you were overpaid or **why** you think the overpayment amount is wrong.
2. File the appeal with the Social Security office. If you don't know the address of your Social Security office, call **1-800-772-1213** or go to <https://secure.ssa.gov/ICON/main.jsp>.



### How do I file an appeal?

There are 3 ways that you can file an appeal:

1. You can file your appeal online at <https://secure.ssa.gov/iApp/NMD/start>.
2. You can file your appeal in-person at your Social Security office.
3. Try to do the first two options. If you can't file online or go in person, you can mail the form to your Social Security office.



### What happens after I file my appeal?

Social Security will mail you a decision.

### Is there a deadline to appeal?

Yes. You must file your appeal within **60 days** of the date on the overpayment notice. If you miss this deadline, you cannot appeal.



**REQUEST FOR RECONSIDERATION**

NAME OF CLAIMANT:	CLAIMANT SSN:	CLAIM NUMBER: <i>(If different than SSN)</i>
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ISSUE BEING APPEALED: *(Specify if retirement, disability, hospital or medical, SSI, SVB, overpayment, etc.)*

I do not agree with the Social Security Administration's (SSA) determination and request reconsideration.  
 My reasons are:

**SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFITS (SVB)  
 RECONSIDERATION ONLY**

**THREE WAYS TO APPEAL**

I want to appeal your determination about my claim for **SSI** or **SVB**. I have read about the three ways to appeal.  
 I have checked the box below:

- CASE REVIEW** - You can pick this kind of appeal in all cases. You can give us more facts to add to your file. Then we will decide your case again. You do not meet with the person who decides your case.
- INFORMAL CONFERENCE** - You can pick this kind of appeal in all SSI cases except for medical issues. In SVB cases, you can pick this kind of appeal only if we are stopping or lowering your SVB payment. You will meet with a person who will decide your case. You can tell that person why you think you are right. You can give us more facts to help prove you are right. You can bring other people to help explain your case.
- FORMAL CONFERENCE** - You can pick this kind of appeal only if we are stopping or lowering your SSI or SVB payment. This meeting is like an informal conference, but we can also get people to come in and help prove you are right. We can do this even if they do not want to help you. You can question these people at your meeting.

**CONTACT INFORMATION**

CLAIMANT SIGNATURE - <i>OPTIONAL</i> :		NAME OF CLAIMANT'S REPRESENTATIVE: <i>(If any)</i>	
MAILING ADDRESS:		MAILING ADDRESS:	
CITY:	STATE:	ZIP CODE:	CITY: STATE: ZIP CODE:
TELEPHONE NUMBER: <i>(Include area code)</i>	DATE:	TELEPHONE NUMBER: <i>(Include area code)</i>	DATE:

**TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION**

1. HAS INITIAL DETERMINATION BEEN MADE? <input type="checkbox"/> Yes <input type="checkbox"/> No  2. IS THIS REQUEST FILED TIMELY? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "NO", attach claimant's explanation for delay. Refer to GN 03101.020)</i>	<b>FIELD OFFICE DEVELOPMENT (GN 03102.300)</b> <input type="checkbox"/> NO FURTHER DEVELOPMENT REQUIRED <input type="checkbox"/> REQUIRED DEVELOPMENT ATTACHED <input type="checkbox"/> REQUIRED DEVELOPMENT PENDING, WILL FORWARD OR ADVISE STATUS WITHIN 30 DAYS  <b>SSI CASES ONLY - GOLDBERG KELLY (GK) (SI 02301.310)</b> RECIPIENT APPEALED AN ADVERSE ACTION: <input type="checkbox"/> WITHIN 10 DAYS AFTER RECEIVING THE ADVANCE NOTICE; <input type="checkbox"/> AFTER THE 10-DAY PERIOD AND GOOD CAUSE EXISTS FOR EXTENDING THE TIME LIMIT <input type="checkbox"/> PAYMENT CONTINUATION APPLIES AND INPUT MADE TO SYSTEM
<b>SOCIAL SECURITY OFFICE ADDRESS AND DATE APPEAL RECEIVED:</b>	

**NOTE:** Take or mail the **completed original** to your local Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post and keep a copy for your records.

## Option 2: Ask for a Waiver

### When does it make sense to ask for a waiver?

Ask for a waiver if:

- The overpayment wasn't your fault, and
- You can't afford to pay it back.

### How do I ask for a waiver?

The waiver form is on the next page. Fill it out.



The form is 14 pages long. Even though this form is long, it is important that you follow all of the instructions on the form.

### I filled out the waiver form. What do I do with it?

Take the letter to your Social Security office. If you can't go to the office in-person, you can mail the form to your local Social Security office. If you do not know the address of your Social Security office, call **1-800-772-1213** or go to <https://secure.ssa.gov/ICON/main.jsp>.



Every time you give any papers to the Social Security office, **keep a copy for yourself**. If you go to the office in person, ask for a receipt.

### What happens after I file the waiver form?

Social Security may ask you to give proof of your income and expenses. Social Security also may ask you to go to a meeting. Once they make a decision, Social Security will mail the decision to you.

### Is there a deadline to file the waiver?

No. There is no deadline. However, you should file a waiver form as soon as you can. If you wait too long, the Social Security Administration will start to take money out of your checks.



## Request for Waiver of Overpayment Recovery

### When To Complete This Form

Complete this form if any of the following applies:

- You think that you are not at fault for the overpayment and you cannot afford to pay the money back.
- You think that you are not at fault and you think the overpayment is unfair for some other reason.

We will use your answers to decide if you have to pay the money back. If we decide you do not have to pay the money back, we call it a waiver. If you also think we made a mistake when we decided that you were overpaid, or if you disagree with the amount of your overpayment, please also complete the **SSA-561**, Request for Reconsideration. We call this action an appeal.

### When Not To Complete This Form

- If you do not wish to request a waiver, but you think we made a mistake when we decided that you were overpaid, or if you disagree with the amount of your overpayment. Instead, please complete the **SSA-561**, Request for Reconsideration.
- You are requesting a hearing before an Administrative Law Judge. Instead, please complete the **HA-501-U5**, Request for Hearing by Administrative Law Judge.
- You **only** want to change the amount of money you must pay us back each month. Instead, please complete the **SSA-634**, Request for Change in Overpayment Recovery Rate.
- You have been convicted of fraud relating to this overpayment.

## SECTION 1 - IDENTIFYING QUESTIONS

**IMPORTANT:** Please answer the following questions as completely as you can and submit any supporting documents with your waiver request. If you need more space for answers, use the "REMARKS" section on page 11.

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? <input type="checkbox"/> Yes (go to 4) <input type="checkbox"/> No (go to 1.C)
	C. If you are filling out the waiver request for the overpaid person, what is your relationship to the overpaid person? (check all that apply) <input type="checkbox"/> I am the overpaid person's parent. <input type="checkbox"/> I am the overpaid person's representative payee. <input type="checkbox"/> I am the overpaid person's spouse. <input type="checkbox"/> I am the overpaid person's legal guardian. <input type="checkbox"/> Other, please explain:

(Options continue on next page)

1. D. If you are not the overpaid person, what is your name or the name of the organization you represent?  
Name: \_\_\_\_\_
- E. If you are the overpaid person's representative payee, were you the representative payee when the overpayment occurred?  Yes  No

## SECTION 2 - QUESTIONS FOR REPRESENTATIVE PAYEE

**IMPORTANT:** If you were the representative payee for the overpaid person when the overpayment occurred, complete Section 2 as it applies to you as the representative payee. Otherwise, go to Section 4.

2. A. Was the overpaid person living with you when he or she was overpaid?  Yes  No
- B. Does the overpaid person currently live with you?  Yes  No
- C. Are you requesting a waiver for a minor child?  Yes  No
- D. Did you tell us about the change or event that caused the overpayment?  Yes  No
- E. Do you still have any of the overpaid money?  
 Yes (go to 2.F)  No (go to 2.G)
- F. How much of the overpaid money do you still have? \$ \_\_\_\_\_
- G. Did you use the overpaid money for the beneficiary?  Yes  No (go to 2.H)
- H. Explain how you used the overpaid money:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 3 - IF YOU ARE RESPONSIBLE FOR A FAMILY MEMBER'S OR ANOTHER INDIVIDUAL'S OVERPAYMENT

**IMPORTANT:** If we told you in the overpayment notice that you are responsible for a family member's overpayment, complete Section 3. Otherwise, go to Section 4.

3. A. Did we tell you in the overpayment notice that you are responsible for paying back another individual's overpayment?  Yes (go to 3.B)  No (go to 4)
- B. Was the overpaid person living with you when he or she was overpaid?  Yes  No
- C. Did you receive any of the overpaid money?  Yes  No

## SECTION 4 - INFORMATION ABOUT RECEIVING THE OVERPAYMENT

**IMPORTANT:** Please complete questions 4 through 26 as completely as you can. If you are answering the questions for someone else or if you are helping someone fill out the form, check the boxes and answer each question as it applies to the overpaid person.

4. What was your situation when the overpayment occurred? (Check all that apply)
- I was a child when the overpayment occurred.
- I was an adult when the overpayment occurred.
- I was receiving disability benefits from Social Security. (Options continue on next page)

4.	<input type="checkbox"/> I was receiving retirement benefits from Social Security. <input type="checkbox"/> I was receiving Social Security benefits from a parent's record. <input type="checkbox"/> I was receiving Social Security benefits as a widow/widower. <input type="checkbox"/> I was receiving Social Security benefits as a spouse. <input type="checkbox"/> I was receiving Supplemental Security Income (SSI) payments. <input type="checkbox"/> None of the above, please explain: _____
5.	<p>What is your reason for requesting a waiver? (Check all that apply)</p> <p>A. <input type="checkbox"/> The overpayment was not my fault.</p> <p>B. <input type="checkbox"/> I cannot afford to pay the money back.</p> <p>C. <input type="checkbox"/> The overpayment is unfair for other reasons. Please explain: _____</p> <p>D. <input type="checkbox"/> I thought I still had a disability that would make me eligible for benefits. I filed an appeal and I fully cooperated with Social Security.</p> <p>E. <input type="checkbox"/> I was age 18 and receiving SSI when the overpayment occurred.</p> <p>F. <input type="checkbox"/> None of the above, please explain: _____</p>
6.	Are you requesting a waiver for your entire overpayment amount? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you previously filed a waiver request for this overpayment? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<p>Do you have the notice for this overpayment? <input type="checkbox"/> Yes <input type="checkbox"/> No (go to 11)</p> <p>If you have the notice for this overpayment, please provide the date on that notice. _____ (MM/DD/YYYY)</p>
9.	<p>If you have the notice for this overpayment, please provide the following information:</p> <p>First month you were overpaid _____</p> <p>Last month you were overpaid _____</p> <p>If you were overpaid only one month, please provide the month _____</p>
10.	If you have the notice for this overpayment, please provide the amount of the overpayment. \$ _____
11.	<p>What was the cause of the overpayment? (Check all that apply)</p> <p>A. <input type="checkbox"/> I received too much income.</p> <p>B. <input type="checkbox"/> My household received too much income.</p> <p>C. <input type="checkbox"/> My resources were over the amount for SSI.</p> <p>D. <input type="checkbox"/> I received help for food and shelter.</p> <p>E. <input type="checkbox"/> I received more than one benefit payment for the same month.</p> <p>F. <input type="checkbox"/> The Social Security Administration determined that I was no longer disabled.</p> <p>G. <input type="checkbox"/> My marital status changed.</p> <p>H. <input type="checkbox"/> I received workers' compensation.</p> <p>I. <input type="checkbox"/> I was in a nursing home.</p> <p>J. <input type="checkbox"/> I was in jail or prison.</p> <p style="text-align: right;">(Options continue on next page)</p>



11. K.  I lived outside the U.S. for 30 consecutive days.  
 L.  My immigration status changed.  
 M.  Another person became entitled on the same record.  
 N.  My attorney fee was not withheld from my benefits.  
 O.  I was no longer a student.  
 P.  I no longer had a child under age 16 or a disabled child in my care.  
 Q.  I was overpaid because: \_\_\_\_\_  
 \_\_\_\_\_  
 R.  I do not know why I was overpaid.

12. A. Do you understand that you are supposed to report changes to us, for example:
- working
  - marriage
  - divorce
  - moving
  - a change in resources
  - a change in income
  - a change in school attendance
  - any other changes that may affect your benefits
- Yes  
 No, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

- B. Is there anything that prevents you from reporting your changes to us?  
 Yes, please explain: \_\_\_\_\_  
 No

- C. Did you tell us about the change or event that led to the overpayment?  
 Yes, please check one or more reasons below     No, please explain:
- I called in \_\_\_\_\_
  - I sent a fax or letter \_\_\_\_\_
  - I visited a local field office \_\_\_\_\_
  - I used electronic wage reporting \_\_\_\_\_
  - Other, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Date(s) you told us about the change or event that led to the overpayment:  
 \_\_\_\_\_

- Do you have any documentation indicating that you told us about the change or event that led to the overpayment?  
 Yes, please send it with your waiver request  
 No, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

- D. Have you ever been overpaid before?  
 Yes (go to 12.E)     No (go to 12.F)

12. E. If you were overpaid before, is this overpayment for the same reason?

Yes  No  I do not know

F. Are you currently receiving any of the following? (Check all that apply)

I am receiving Supplemental Security Income (SSI) payments.

I am receiving Temporary Assistance for Needy Families (TANF).

My claim number is: \_\_\_\_\_

I am receiving a pension based on need from the Department of Veterans Affairs (VA)

My claim number is: \_\_\_\_\_

**IMPORTANT:** If you checked any boxes in question 12.F, go to page 13. Please sign, date, provide your address and phone number(s), and proof that you receive TANF or VA pension, if applicable. If this statement does not apply, go to question 13.A.

## SECTION 5 - YOUR FINANCIAL STATEMENT

### Documents to Support Your Statements

**IMPORTANT:** To complete Sections 5 through 8 of this form, you should refer to certain 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 waiver. Submit similar documents for your spouse and your dependents. A dependent is a person who depends on you for support and whom you can claim on your tax return.

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.

13. A. Did you still have any of the overpaid money at the time you received the overpayment notice?

Yes Amount \$ \_\_\_\_\_ (go to 13.B)  No (go to 14)

B. Do you still have any of the overpaid money?

Yes Amount \$ \_\_\_\_\_  No

(If yes, return the money to SSA following the instructions in the overpayment notice or contact SSA at 1-800-772-1213.)

14. Did you receive any real estate after you received the overpayment notice?

Yes (provide the value)  No

Value: \$ \_\_\_\_\_

15. A. Did you give away any real estate after you received your overpayment notice?

Yes (provide the value)  No

Value: \$ \_\_\_\_\_

B. Did you sell any real estate after you received your overpayment notice?

Yes (provide the amount)  No

Amount you received after selling: \$ \_\_\_\_\_

16. A. Did you give away any money after you received the overpayment notice?  
 Yes (provide the amount) Amount: \$ \_\_\_\_\_  No
- B. Did anyone give you money after you received your overpayment notice?  
 Yes (provide the amount) Amount: \$ \_\_\_\_\_  No

**SECTION 6 - MEMBERS OF HOUSEHOLD**

17. A. If you are an adult requesting a waiver, list your spouse and dependents below. A dependent is a person who depends on you for support and whom you can claim on your income tax return.

If you are completing the waiver request for a minor child, only provide the child's name in Section 6 and the child's information in Sections 7, 8, and 9. If the child's income and assets help with food and household expenses, complete Sections 6, 7, 8, and 9 with the parents' and their dependents' information.

Name	Age	Relationship To You

- B. Does anyone live with you who you cannot claim on your income tax return?  
 Yes  No (go to 18.A)
- If yes, does this person or persons give you any money to live with you or pay any of the household bills or expenses?  
 Yes, total amount you receive \$ \_\_\_\_\_  No

**SECTION 7 - ASSETS - THINGS YOU HAVE AND OWN**

18. A. How much cash do you, your spouse, and your dependents have in your possession? \$ \_\_\_\_\_

B. List all financial accounts for you, your spouse, and your dependents. 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
<b>TOTALS</b>					

19. A. Do you, your spouse, or your dependents 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 of the vehicles below)  No (go to 19.B)

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

B. Do you, your spouse, or your dependents own any real estate other than where you live?

Yes (list below)  No (go to 19.C)

Owner	Description	Market Value	Loan Balance (if any)	Income Amount
<b>TOTALS \$</b>		0.00		

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

Yes (list below)  No (go to 20)

Owner	Description	Market Value	Loan Balance (if any)	Income Amount
<b>TOTALS \$</b>		0.00		

**SECTION 8 - MONTHLY HOUSEHOLD INCOME**

The next set of questions are about monthly take home pay. Enter your, your spouse, and your dependents' take home pay and check the box to show whether payment is received weekly, every 2 weeks, twice a month, or monthly. Add the monthly amount on line 22.A. If you need more space for answers, use the "REMARKS" section on page 11.

20. A. Are you employed?  Yes (provide information below)  No (go to 20.B)

Employer(s) Name, Address, and Phone: (Write "self" if self-employed)	Take home pay or earnings if self-employed (Net) Choose one: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month	\$
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B. Is your spouse employed?  Yes (provide information below)  No (go to 20.C)

Employer(s) Name, Address, and Phone: (Write "self" if self-employed)	Take home pay or earnings if self-employed (Net) Choose one: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month	\$
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(Options continue on next page)

20. C. Are any of your dependents employed, including self-employment?

Yes (provide information below)  No (go to 21)

Name(s) of dependents: \_\_\_\_\_

Provide total monthly take home pay for dependent(s):

\$ \_\_\_\_\_

21. A. Do you, your spouse, or your dependents receive support or contributions from any person, agency, or organization?  Yes (go to 21.B)  No (go to 22)

B. Is the support received under a loan agreement?  Yes (go to 22)  No (go to 21.C)

C. How much money do you, your spouse, or your dependents receive each month?  
(Show this amount on line I of question 22)

\$	Source
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22. Income (Be sure to show <b>monthly</b> amounts below)	Overpaid person's income	SSA Use Only	Spouse of Overpaid Person	SSA Use Only	Dependent(s) of Overpaid Person (Total)	SSA Use Only
A. Take Home Pay (Net) (from questions 20.A, 20.B, and 20.C)						
B. Social Security Benefits (retirement, disability, widows, students, etc.)						
C. Supplemental Security Income (SSI)						
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 questions 19.B and 19.C)						
G. Room and/or Board Payments from a Person who is not a Dependent (from question 17.B). Put the amount in the overpaid person's column.						
H. Child Support/Alimony						
I. Other Support (from question 21.C)						
J. Income from Assets (from question 18.B)						
K. Other (from any source, explain in REMARKS on next page)						
<b>TOTALS:</b>						

**Grand Total \$**  
(Add all TOTAL blocks above)

(Options continue on next page)

22.	REMARKS:

**SECTION 9 - 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** amounts in number 23) Please write only whole dollar amounts and round any cents to the nearest dollar.

	Type of Expense	\$ Per Month	SSA Use Only
23.	A. Rent or Mortgage (if mortgage payment includes property or other local taxes, insurance, etc., <b>DO NOT</b> list it 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)		
	I. Medical/Dental (prescriptions and medical equipment, if not paid by insurance)		
	J. Loan/Lease Payment for Family Vehicle		
	K. Expenses (gas and repairs) for Family Vehicle		
	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). <b>DO NOT</b> include any expenses already listed above		
	P. Any expenses not shown above		
	(Options continue on next page) <b>TOTAL</b>		

23. EXPENSE REMARKS (Please provide any additional information not captured in Section 9)

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**SECTION 10 - INCOME AND EXPENSES COMPARISON**

24.	A. Monthly Income Write the amount here from the <b>Grand Total</b> from number 22.	\$	
	B. Monthly Expenses Write the amount here from the <b>Total</b> from number 23.	\$	
	C. Add this amount to your expenses.		+ \$25
	D. Adjusted Monthly Expenses (Add B and C)	\$	25.00
	E. <b>TOTAL</b> (Subtract D from A)	\$	(25.00)

25. If your expenses in 24.D are more than your income in 24.A, explain how you are paying your bills. If you are not paying your bills, explain which bills have unpaid balances.

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**SECTION 11 - FINANCIAL EXPECTATION AND FUNDS AVAILABILITY**

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

Yes, explain  No (go to 26.B)

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B. Please provide the total of you, your spouse, and your dependents' assets from questions, 18.A, 18.B, 19.A, 19.B, and 19.C.

**Total \$:** \_\_\_\_\_





Below is an authorization for the Social Security Administration to obtain your financial account information. We may need to access your financial records in order to determine if we can waive your overpayment.

**IMPORTANT:** If the overpaid individual is a minor child, a parent or legal guardian must complete and sign the form on the child's behalf. If a court has assigned a legal guardian to an adult individual, the legal guardian must complete and sign the form. Adults who do not have a court appointed legal guardian must complete and sign the form, even if they have a representative payee.

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**AUTHORIZATION FOR THE SOCIAL SECURITY ADMINISTRATION TO OBTAIN ACCOUNT RECORDS FROM A FINANCIAL INSTITUTION AND REQUEST FOR RECORDS**

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Please review the following, make selection, and sign below:

I understand:

- I have the right to revoke this authorization at any time before any records are disclosed;
- The Social Security Administration may request all records about me from any financial institution;
- Any information obtained will be kept confidential;
- I have the right to obtain a copy of the record which the financial institution keeps concerning the instances when it has disclosed records to a government authority unless the records were disclosed because of a court order;
- This authorization is not required as a condition of doing business with any financial institution.
- The Social Security Administration will request records to determine the ability to repay an overpayment in conjunction with a waiver determination;
- Failing to provide or revoking my authorization may result in the Social Security Administration determining, on that basis, that adjustment or recovery of the overpayment will not deprive me of funds to pay my bills for food, clothing, housing, medical care, or other necessary expenses;
- This authorization is in effect until the earliest of: 1) a final decision on whether adjustment or recovery of my overpayment would deprive me of funds to pay my bills for food, clothing, housing, medical care, or other necessary expenses; or 2) my revocation of this authorization in written notification to the Social Security Administration.

I authorize any custodian of records at any financial institution to disclose to the Social Security Administration any records about my financial business or that of the person named above whom I legally represent or whose benefits I manage.

I do not authorize any custodian of records at any financial institution to disclose to the Social Security Administration any records about my financial business or that of the person named above whom I legally represent or whose benefits I manage. I understand that if I do not give permission to obtain financial records or if I cancel my permission, SSA may not approve my waiver request.

Customer's Signature/Authorization	Mailing Address	Date
Legal Representative's Signature/Authorization	Legal Representative's Mailing Address	Date

## 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)
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Home Telephone Number (include area code)	Work Telephone Number If We May Call You At Work (include area code)
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Mailing Address (Number and street, Apt. No., PO Box, or Rural Route)

City	State	ZIP Code
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**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)

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## 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 worker, 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 purposes 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).

**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. 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 THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also 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.**

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## Option 3: Ask for a Payment Plan

### What is a payment plan?

A payment plan will let you pay back an overpayment over time, instead of all at once. You can ask to make monthly payments at a rate that you can afford.

### If I ask for a payment plan, how much will I need to pay each month?

You get to ask Social Security to pay an amount each month. Social Security has to agree to let you pay this amount.



The **smallest** amount you can pay is \$10 per month. If you receive Qualified Medicare Beneficiary (QMB) or another Medicare Part D subsidy, Social Security will usually agree to let you pay \$10 per month.

If you get SSI, Social Security **can't** take more than 10% of your Social Security check each month. For example, if you get \$794 per month in SSI, Social Security **can't** take more than \$79.40 per month.

### When does it make sense to ask for a payment plan?

Ask for a payment plan if you can't afford to pay back the overpayment.

### How do I ask for a payment plan?

Write a letter to the Social Security Administration asking for the payment plan. The next page has a letter that you can use. Fill out the blanks at the top and bottom of the letter. In the middle, put a checkmark next to every line that is true for you.



### Do I need to include any other papers with this letter?

You might need to fill out **Form 634**. This form asks about your income and monthly bills. The form is attached right after the letter. The chart below tells you whether you have to fill out **Form 634**.

If you can pay \$10 each month	And you owe \$360 or less	Do not fill out Form 634
	And you owe more than \$360	Fill out Form 634
If you can pay \$20 each month	And you owe \$720 or less	Do not fill out Form 634
	And you owe more than \$720	Fill out Form 634
If you can pay \$30 each month	And you owe \$1,080 or less	Do not fill out Form 634
	And you owe more than \$1,080	Fill out Form 634
If you can pay \$40 each month	And you owe \$1,440 or less	Do not fill out Form 634
	And you owe more than \$1,440	Fill out Form 634
If you can pay \$50 each month	And you owe \$1,800 or less	Do not fill out Form 634
	And you owe more than \$1,800	Fill out Form 634

### What do I do with the letter?

Take the letter to your Social Security office. If you can't go to the office in-person, mail it to your Social Security office. If you do not know the address of your Social Security office, call **1-800-772-1213** or go to <https://secure.ssa.gov/ICON/main.jsp>. Any time you give papers to the Social Security office, **keep a copy**. If you go to the office in person, ask for a receipt.

### What happens after I send in the letter?

Social Security will mail you a decision. If you get Social Security benefits, Social Security will take the agreed amount of money out of your check each month.

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### **Request for \$10 Payment Plan of Overpayment**

Dear Social Security Claims Representative:

I get Social Security/SSI benefits. You told me that I have an overpayment on my record. I am asking for a payment plan. Please do not take more than \$10 per month, because:

\_\_\_\_\_ I receive Qualified Medicare Beneficiary (QMB) or another Medicare Part D subsidy.<sup>1</sup>

\_\_\_\_\_ I owe \$360 or less and I can't afford to pay more than \$10 per month for the overpayment.<sup>2</sup>

\_\_\_\_\_ I can't afford to pay more than \$10 per month for the overpayment.<sup>3</sup> I filled out Form 632 "Request for Change in Overpayment Recovery Rate." I attached that form to this letter.

Thank you for your help.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
<sup>1</sup> See POMS GN 02210.030(C).

<sup>2</sup> See POMS GN 02210.030(B).

<sup>3</sup> See POMS GN 02210.030(C).

# 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? <input type="checkbox"/> Yes (go to question 2) <input type="checkbox"/> 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) <input type="checkbox"/> I am the overpaid person's parent. <input type="checkbox"/> I am the overpaid person's representative payee. <input type="checkbox"/> I am the overpaid person's spouse. <input type="checkbox"/> I am the overpaid person's legal guardian. <input type="checkbox"/> 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: <input type="checkbox"/> I am receiving Supplemental Security Income (SSI) benefits. <input type="checkbox"/> I am receiving Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> I am receiving a pension based on need from the Department of Veterans Affairs (VA) <input type="checkbox"/> I am receiving Social Security benefits. <input type="checkbox"/> 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
<b>TOTALS \$</b>					

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
<b>TOTAL COUNTABLE VALUE \$</b>				

(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
<b>TOTALS \$</b>				

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
<b>TOTALS \$</b>				

### 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:	\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly	

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
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9. Income (Be sure to show <b>monthly</b> 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)			
		<b>TOTAL:</b>		
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., <b>DO NOT</b> 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). <b>DO NOT</b> include any expenses already listed above		
	P. Any expense not shown above		
	<b>TOTAL</b>		

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 " <b>Total</b> " of question 9.	\$
	B. Your Monthly Expenses Write the amount here from " <b>Total</b> " 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)

## 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 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:

- 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
- 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 (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 1847; and 60-0320, entitled Electronic Disability Claims File, as published in the FR on December 22, 2003, at 68 FR 71210. Additional information, and a full listing of all our SORNs are available on our website at [www.socialsecurity.gov/privacy](http://www.socialsecurity.gov/privacy).

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### Paperwork Reduction Act

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