

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services

MURIEL BOWSER
MAYOR



DR. UNIQUE MORRIS-HUGHES
INTERIM DIRECTOR

REQUEST FOR WAIVER OF OVERPAYMENT

D.C. Code § 51-119 provides that the Director of the Department of Employment Services (DOES) may waive an Unemployment Insurance (UI) overpayment if:

1. The overpayment was received without fault on the part of the claimant **and**
2. Recoupment of the overpayment would be against equity and good conscience.

Please be aware that fraud overpayments cannot be waived.

In order to determine whether a waiver should be granted, you must provide certain facts and evidence concerning your financial status and the cause of the overpayment. If DOES determines that a waiver should be granted, you will not be required to repay the overpayment. If DOES determines that a waiver should be denied, you will be required to repay the overpayment.

If you wish to request a waiver of your overpayment, **you must complete, sign and return this Request for Waiver of Overpayment and your supporting documentation to the address shown below within 30 calendar days from the date of the original Notice of Determination of Overpayment**, unless you can show good cause for failure to meet the 30 calendar day requirement.

Benefit Payment Control
4058 Minnesota Avenue NE
Suite 3100
Washington, DC 20019

If you have questions about this application, please contact Benefit Payment Control at 202-698-5111.



REQUEST FOR WAIVER OF OVERPAYMENT

Failure to provide the information requested in this application will result in the denial of your request to waive your overpayment.

Claimant Name: _____

Social Security Number: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

Section 1. Household Income

1. Your current monthly gross income: \$ _____
Please provide copies of your two (2) most recent pay stubs.

2. Your spouse's current monthly gross income: \$ _____
Please provide copies of your spouse's two (2) most recent pay stubs.

Spouse Name: _____

Spouse Social Security Number: _____

3. List names, ages, and Social Security Numbers for all dependents residing in your home

Name: _____ Age: _____

Social Security Number: _____ Monthly Gross Income: \$ _____

Name: _____ Age: _____

Social Security Number: _____ Monthly Gross Income: \$ _____

Name: _____ Age: _____

Social Security Number: _____ Monthly Gross Income: \$ _____

Name: _____ Age: _____

Social Security Number: _____ Monthly Gross Income: \$ _____

4. Other monthly gross income:

Please provide copies of your two (2) most recent pay stubs for each.

Social Security	\$
Pension	\$
Severance	\$
Disability	\$
Unemployment Compensation	\$
Alimony	\$
TANF/Food Stamps	\$
Other Income (please list)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Section 2. Monthly Expenses

Please provide any supporting documentation for the monthly expenses listed below.

Mortgage/Rent	\$
Home/Renter's Insurance	\$
Water	\$
Gas	\$
Electric	\$
Cable	\$
Internet	\$
Telephone/Cell Phone	\$
Transportation	\$
Food	\$
Child Care	\$
Student Loan(s)	\$
Credit Card(s)	\$
Auto Insurance	\$
Health Insurance	\$
Life Insurance	\$
Other (please list)	
_____	\$ _____
_____	\$ _____
_____	\$ _____

Section 3. Personal Statement

1. Please explain why you believe that you were not at fault in causing the overpayment.

2. Please explain why you believe that it would be unfair for you to have to repay the overpayment.

3. If required to repay the overpayment, how much can you pay per month?

Section 4. Affirmation

I hereby request a waiver of my overpayment. I affirm that the income and expenses listed on this application are accurate and correct. I understand that in order to be considered for a waiver of my overpayment, I must return the completed and signed application and all supporting documentation within 30 calendar days from the date of the original Notice of Determination of Overpayment. I also understand that failure to provide the information requested in this application will result in the denial of this request to waive my overpayment.

Claimant Signature

Date