



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.

STEP #1. Please provide the following information so that we know who is requesting a waiver of an overpayment. Please be mindful, the Agency will only consider this request if all the requested information is provided:

Claimant Name: _____
(first, middle, last)

Social Security Number: XXX-XX- _____

Address: _____

Phone Number: _____

City/State/Zip: _____

Email Address: _____

STEP #2. Please answer the following questions in the spaces provided:

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

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

3. Please provide any additional details about your current circumstances not included in your Financial Affidavit that you would like WorkForce West Virginia to consider in this request.

STEP #3. Review and confirm the following:

I hereby request a waiver of my overpayment. I affirm that the income and expenses identified in any Financial Affidavit I have submitted in support of this request for waiver 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 along with a completed and signed financial affidavit within the defined timelines. I understand that failure to provide the information requested in this application will result in the denial of my request to waive my overpayment.

Claimant Signature _____

Date _____

STEP #4. Please fill out a FINANCIAL AFFIDAVIT, (next page).

STEP #5. Submit this WAIVER REQUEST by using the Submit button at the bottom of the form.

WORKFORCE WEST VIRGINIA FINANCIAL AFFIDAVIT

Claimant Name: (first, middle, last)	_____
Address:	_____
City/State/Zip:	_____

Social Security Number:	XXX-XX- _____
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Phone Number:	_____
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MARITAL STATUS	TAX FILING STATUS	LIST THE NAMES, AGES, RELATIONSHIPS OF DEPENDENTS YOU SUPPORT:
Single	Single	_____
Separated	Married Filing Jointly	_____
Married	Married Filing Separately	_____
Divorced	Head of Household	_____
	Other	_____

IF YOU ARE UNEMPLOYED, FILL OUT THE FOLLOWING:	IF YOUR SPOUSE IS UNEMPLOYED, STATE LAST DATE OF EMPLOYMENT:
Last Date of Employment: _____ When Do You Anticipate New Employment? _____	_____

CURRENT EMPLOYMENT:		
Your Employer:	Location	Full Time
		Part Time
Spouse's Employer:	Location	Full Time
		Part Time

LIST ALL MONTHLY INCOME FOR HOUSEHOLD	YOURS	SPOUSE'S	OTHER
Gross Salary/Wages (weekly \$ x 4.3 = monthly)			
Pension/Trust Benefit Payments			
Unemployment Compensation			
Social Security			
Investment Income			
Alimony			
Child Support			
Public Assistance (Food stamps, check, etc.)			
Other			
TOTAL			

WHAT MONEY IS AVAILABLE TO YOU?	
Cash on Hand	
Checking Account	
Savings Account	
Deferred Income	
Stocks/Bonds/IRA/Pension	
Total	

EXPENSES			
Rent/Mortgage		Property Insurance	
Heat		Food	
Utilities		Medical/Dental	
Clothing		Transportation	
Child Support		Alimony	
Phone Service			
Other			
Specify:			
Total			

OTHER THAN MONTHLY HOUSEHOLD EXPENSES LISTED ABOVE, LIST ANY BILLS/DEBTS YOU OWE, AMOUNT OWED, TO WHOM, AND MONTHLY PAYMENT AND/OR WHEN IT IS DUE. SPECIFY WHICH ARE COURT ORDERED:

ADDITIONAL INFORMATION: Please provide any additional information that you wish to have considered.

CERTIFICATION

I SWEAR THAT ALL STATEMENTS AND INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE _____ **DATE** _____