

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
- Recent Bank Statements (checking or savings account)
- 2 or 3 Recent Utility, Medical, Charge Card, and Insurance Bills
- Current Pay Stubs
- Canceled Checks
- 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 |
|------------------|---------------------------------|-----------------|------------------|--|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTALS \$ | | | | | |

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 |
|---------------------------------|-----------------|---------------|-----------------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| TOTAL COUNTABLE VALUE \$ | | | | |

(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 |
|------------------|-------------|--------------|-----------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| TOTALS \$ | | | | |

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 |
|------------------|-------------|--------------|-----------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| TOTALS \$ | | | | |

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 |
|----|--------|
|----|--------|

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

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 " Total " of question 9. | \$ |
| | B. Your Monthly Expenses Write the amount here from " Total " 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.

Privacy Act Statement Collection and Use of Personal Information

Sections 204 and 1631 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 us from negotiating a repayment agreement and an accurate and timely determination on your request for a change in your overpayment recovery rate.

We will use the information you provide to determine if we can approve your request for a change in your overpayment recovery rate. We may also share the 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 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 contractors and other Federal agencies, as necessary, for the purpose of assisting us in the efficient administration of its programs. We will disclose information under this routine use only in situations in which we may enter into a contractual or similar agreement to obtain assistance in accomplishing an SSA function relating to this system of records.

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 Notice (SORN) 60-0094, entitled Recovery of Overpayments, Accounting and Reporting/Debt Management System (ROAR/DMS), as published in the Federal Register (FR) on August 23, 2005, at 70 FR 49354; 60-0231, entitled Social Security Online Accounting and Reporting System, as published in the FR on January 14, 2020 at 85 FR 2224; and 60-0320, entitled Electronic Disability (eDIB) Claim File, as published in the FR on June 4, 2020, at 85 FR 34477. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy.

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 45 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 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 (TTY 1-800-325-0778).** *You may send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments relating to our time estimate or other aspects of this collection to this address, not the completed form.***