



OVERPAYMENT WAIVER REQUEST

State Form 52986 (R2 / 12-21)
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

In accordance with IC 22-4-13-1, the state is required to effect collection of funds from individuals who receive an overpayment of benefits. However, IC 22-4-13-1(i) provides that liability for repayment of benefits paid to an individual, other than an individual employed by a reimbursable employer, for any week may be waived upon the request of the individual if the following criteria are met:

1. the benefits were received by the individual without fault of the individual;
2. the benefits were the result of payments made:
 - a. during the pendency of an appeal before an administrative law judge or the review board under IC 22-4-17 under which the individual is determined to be ineligible for benefits; OR
 - b. because of an error by the employer or the department; AND
3. repayment would cause economic hardship to the individual.

The waiver process does not include re-examination of any issues related to overpaid unemployment benefits. The purpose of the waiver process is to evaluate the claimant's eligibility for waiver of overpayment in accordance with the criteria defined above.

Please complete this form and return it to the department at any time after the gross overpayment notice is issued, or if the underlying determination is appealed, at any time after the date of the final decision. Waiver requests submitted during a pending appeal of the underlying determination will not be considered.

In order to be considered, waiver requests must be legible, complete, and include all required documentation at the time of submission, and individuals requesting waiver must have verified their identity. Failure to fully complete this form and provide supporting documentation, when requested, may result in a decision denying the waiver request.
(Additional sheets of paper may be attached to this form if necessary.)

DWD will evaluate the waiver request and issue a determination. At the discretion of the Department, an investigation may be conducted for the purposes of additional fact finding.

For more information regarding the waiver program, please refer to DWD Policy 2020-04.

Name		Last 4 digits of Social Security Number X X X - X X - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address <i>(number and street, city, state, and ZIP code)</i>		
Telephone Number	Marital Status	Date of Birth <i>(month, day, year)</i>
E-mail Address		

STATEMENT OF ECONOMIC HARDSHIP

1. Members of Claimant's Family / Household
List all people that live in your household, and their relationship to you.

Name	Age	Relationship	Is this person financially dependent on you for support and sustenance?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Claimant's Employment Information

Are you now receiving unemployment benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes: What is your weekly benefit? \$
Employer's Name <i>(write "self" if self-employed)</i>	Hours Worked Per Week	Most Recent Date of Hire <i>(month, day, year)</i>

3. Claimant's Family / Household Income

Be sure to show **MONTHLY** amounts below. If paid weekly, multiply by 4.33 (4 1/3) to figure monthly pay. If paid every two (2) weeks, multiply by 2.166 (2 1/6). Enter monthly GROSS amounts below. Do **NOT** include unemployment benefits in this section. If income comes from self-employment, please include expense reimbursement or in-kind payments that reduce personal living expenses and exclude ordinary and necessary business expenses, not including depreciation expenses, investment credits, and business losses.) **If claimant is self-employed, he/she must provide supporting income documentation.**

Income from Employment and Other Household Income (excluding unemployment benefits)	Yours	Spouse's / Partner's	Other Household Members
GROSS Pay	\$	\$	\$
Social Security Benefits (including SSDI)			
Pension(s) (VA, Military, Civil Service, Railroad, etc.)			
Workers' Compensation			
Rental Income (minus ordinary / necessary expenses)			
Alimony			
Other Income (Please specify source.)			
Totals	\$	\$	\$
		Total Monthly Family / Household Income (add 3 total blocks above)	\$

4. Claimant's Family / Household Assistance

Be sure to show **Monthly** amounts below, as applicable. (If assistance received is a yearly or lump sum amount, please indicate as such in the "Remarks" area of this section.)

SNAP benefits (food stamps, EBT)	\$
General Assistance (including SSI)	\$
Rent / Mortgage Assistance (section 8, etc.)	\$
Heating Assistance	\$
Child Support	\$
Temporary Assistance for Needy Families (TANF)	\$
Other Assistance (Please specify source.)	\$
Remarks	

5A. Claimant's Assets: Accounts

List any account(s) and account balance(s) for you.

Type of Asset	Current Balance(s) or Value
Savings Account (Bank, Savings and Loan, Credit Union)	\$
Checking Account	\$
Certificates of Deposit (CD)	\$
Individual Retirement Account (IRA) or Similar (401K, etc.)	\$
Mutual Funds	\$
Bonds, Stocks	\$
Trust Fund	\$
Other (Explain)	\$
Totals:	\$

5B. Claimant's Assets: Real Estate

Do you own or rent your home? Rent Own **If you own your home:** What is the Mortgage Balance? \$

If you own any real estate (buildings or land) **OTHER** than where you live, list below.

Description	Market Value	Loan Balance(s) (if any)	Usage

5C. Claimant's Assets: Vehicles / Recreational Items

If you own a car, van, truck, RV/camper, motorcycle, ATV, snowmobile, boat, or any other similar recreational items, list below.

Type (boat, car, etc.)	Purchase Date (month, day, year)	Year / Make / Model	Present Value	Loan Balance(s) (if any)

6A. Expenses: Credit Cards and Personal Loans

If you have any credit card and/or personal loan balance(s), please list the loan balance(s) and **MONTHLY** payment amount(s) below. (Do **NOT** list car loan(s) and/or mortgage information that have already been listed as this information is listed elsewhere. Do **NOT** list ordinary and necessary business expenses that have already been included in section 3, as well as depreciation expenses, investment credits, and business losses.)

Creditor	Credit Card / Loan Balance(s)	Your Monthly Payment	Spouse's / Partner's Monthly Payment	Other Household Members Monthly Payment
Totals:		\$	\$	\$
Total Monthly Credit Card / Loan Payments (Add 3 total blocks above.):			\$	\$

6B. Expenses: Claimant's Family / Household Expenses

Be sure to show **MONTHLY** amounts below. If the expense is paid weekly, multiply by 4.33 (4 1/3) to figure monthly payment. If the expense is paid every two (2) weeks, multiply by 2.166 (2 1/6). Do **NOT** list an expense that is withheld from income (such as payroll deductions for Income Tax or Social Security). Do **NOT** list an amount that is already paid for by assistance. (For Example: If food expenses are \$500.00 per month, and food stamp assistance provides for \$300.00 of those expenses monthly, the amount to be listed below would be \$200.00.) Do **NOT** list ordinary and necessary business expenses that have already been included in section 3, as well as depreciation expenses, investment credits, and business losses.

Type of Expense	Yours	Spouse's / Partner's	Other Household Members
<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage			
Food			
Property Taxes			
Home / Apartment Insurance			
Heat (Primary Source)			
Other Heating / Cooking Fuel			
Water and Sewer			
Telephone			
Electricity			
Car Payment(s)			
Car Insurance			
Gasoline for Vehicle(s)			
Health Insurance			
Other Insurance (Life, fire, any other casualty or liability policies)			
Internet			
Entertainment			
Alimony			
Child Support			
Other support to any person who is dependent on you, but does NOT live with you			
Other (Explain)			
Totals:	\$	\$	\$
Total Monthly Family / Household Expenses (add 3 total block above)			\$

7. Additional Information

Please provide any additional information you would like DWD to consider in this matter, such as hardship and/or personal circumstances, **and including why you believe the overpayment was not your fault.**

Please provide any other information you would like the DWD to consider in this matter on **additional sheets of paper attached to this form**. The Department has the following options based on the information supplied: (1) approve the waiver of recovery of the remaining amount erroneously paid, (2) approve the waiver of a specified portion of the erroneously paid amount remaining, with the balance not waived to be collected in accordance with standard Department of Workforce Development collections procedures, or (3) deny the waiver of recovery of the entire amount and require repayment via standard Department of Workforce Development collections procedures.

I hereby certify that the information I have provided in this form is a true, accurate and complete disclosure and representation of the material facts pertaining to my request for a waiver of an overpayment of unemployment benefits. This certification is based on my personal knowledge and belief.

Claimant's Signature

Date (month, day, year)

Printed Name of Claimant

Please mail or fax this application to the following:

Indiana Department of Workforce Development
10 N. Senate Ave
Indianapolis, IN 46204
FAX: (317) 633-7206