



Massachusetts Department of Transitional Assistance

Food Stamp Benefits Repayment Obligation

Last Name _____ First _____ MI _____ Date _____

Street Address _____ Social Security Number _____

City/Town _____ State _____ ZIP _____ Telephone _____

I acknowledge that I received an overpayment in the amount of \$ _____. This overpayment occurred from _____ to _____ because _____

Your household is required to repay this overpayment. Below are the following options you have to repay this overpayment. You must make a minimum monthly payment of \$ _____ to repay this overpayment. You must select a repayment option, sign and date this form and return it to the Contracts & Recoveries Unit (CRU) by _____. If your household is currently receiving food stamp benefits, your household's food stamp benefits will be reduced by 10 percent or \$10.00, whichever is greater.

If you do not complete this form and return it to CRU by the due date, or if you do not file an appeal, the Department will begin action to recover this overpayment. Your rights and responsibilities are explained on the back side of this form.

To Repay Benefits: Food Stamp \$ _____

Please review and select one of the following options by placing a check mark in the box. If you are currently receiving food stamp benefits, you may select any of the following options. (Do not send cash)

1. Deduct minimum monthly payments from food stamp benefits of \$ _____, or make a higher payment of \$ _____. This amount is 10 percent of your food stamp benefits or \$10.00, whichever is greater.

If you are not currently receiving food stamp benefits, you may select only options 2 through 4.

- 2. Total lump sum of \$ _____ payment enclosed.
- 3. Partial lump sum of \$ _____ payment enclosed and monthly payments of \$ _____. You will receive a bill every month for your payment.
- 4. Monthly payments of \$ _____. You will receive a bill every month for your payment.

I have read and I understand the terms of this repayment agreement and my rights and responsibilities as explained on the reverse side of this form.
Signature _____ Date _____

I understand:

- the amount I owe must be paid in full.
- I must notify the CRU of a change in my address.
- signing this agreement waives my rights to a hearing to challenge the overpayment and the amount of the overpayment.
- I have the right to access information compiled at the time this overpayment is established and once a year thereafter.
- if my household circumstances change, I have the right to renegotiate the terms of this agreement.
- if the overpayment involves food stamp benefits received because the Department believes I withheld information or made an intentional misrepresentation, a Department hearing will be held to determine whether I will be disqualified for a period of time from the appropriate program(s). This hearing will be held unless I sign a waiver of the hearing or sign an agreement in which I voluntarily agree to be disqualified from the TAFDC/EAEDC or Food Stamp Program.
- the amount of the claim shall be offset by lost benefits which are owed to the household until the time the claim is terminated.
- if I am no longer eligible for food stamp benefits, I must repay the amount of money I still owe. I can repay this money to the Department by either lump sum, by making monthly payments or by wage assignment.
- if I have chosen **option three** or **four** and I fail to repay as agreed, I will lose my option for this payment method. The Department will take the necessary action to recover this overpayment.
- if I become eligible for food stamp benefits, the Department will deduct monthly payments from my household's food stamp benefits in an amount determined by the Department. I will receive a separate notice from the Department if this action is taken.
- if I get a job, the Department will take action to recover this overpayment by wage garnishment. A wage assignment will become effective if I fail to repay as agreed. The Department will contact my employer to have a reasonable amount deducted from my paycheck. I will receive a separate notice from the Department if this action is taken. I have the right to a hearing within 15 days of my request, but only to challenge the existence of the amount of the arrears.
- if I have chosen wage assignment or if my wages are assigned in the future because I failed to repay,

I must:

1. notify the Department of the name and address of my employer;
2. notify the Department of any change in my employment within three days of beginning employment; and
3. notify my employer or new employer of the existence of a wage assignment.

- that the Department may recover the overpayment by intercepting my tax refund(s) in accordance with state and/or federal laws.
- that the Department may recover the overpayment by any other method allowed under Massachusetts General Laws.
- that failure to make payment may result in civil and/or criminal action by the Department and/or the district attorney for the county I live in.

If you have any questions please call 1-800-462-2607.
 Return this completed form in the enclosed envelope to:

**Contracts & Recoveries Unit
 PO Box 48
 Essex Station
 Boston, MA 02112**

Do Not Write Below This Line

Preparer (please print)	Title	Date
BSI Signature	Decision	
REFERRAL # OR BSI CASE # _____	CAT _____	STATUS _____ REG _____ TAO# _____
Cash OVP Attached? <input type="checkbox"/> yes <input type="checkbox"/> no	Return Date _____	