



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENTS OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF UNEMPLOYMENT ASSISTANCE

WAIVER OF RECOVERY OF OVERPAYMENT REQUEST

NAME: _____

MAILING ADDRESS: _____
Street City/Town State Zip Code

RESIDENCE: _____
Street City/Town State Zip Code

CHECK ONE: Own Rent Other (please explain) _____

SOCIAL SECURITY NUMBER: _____ TELEPHONE NUMBER: _____

Waiver determinations are based on Section 69(c), Chapter 151a of Unemployment Insurance Law and 430(6.00) of the Commonwealth of Massachusetts Regulations which states that recovery may be waived if the individual "is without fault and where . . . recovery would defeat the purpose of benefits otherwise authorized or would be against equity and good conscience". **The cause of the overpayment is not pertinent to waiver approval or denial except as it relates to the matter of fault.**

ANSWER EVERY QUESTION. Enter **NA** if section is not applicable; enter **0** if number is required and you have none. Use additional sheet, if needed, to answer or explain. **Waiver will not be processed if not completed, signed and dated.**

PART A

1. Marital status: (check one that most closely identifies) Single Married Divorced Separated
Widowed Currently living with spouse or other individual who contributes to expenses Yes No
2. Number of dependent children: _____ Ages of children: _____
Other dependents: (list and explain circumstances) _____
3. Are you currently: (check one) Employed Unemployed Retired
 - a. If employed, employer's name and address: _____
 - b. If unemployed, last date of employment: _____
Last employer: _____ Gross monthly salary: _____
 - c. If retired, total monthly pension(s): _____
4. Is your spouse currently: (check one) Employed Unemployed Retired
 - a. If employed, employer's name and address: _____
Spouse's social security number _____ Current gross income (monthly before taxes): _____
 - b. If unemployed, last date of employment: _____
Last employer: _____ Gross monthly salary: _____
 - c. If retired, total monthly pension(s): _____
5. Is your family currently receiving any government support? (welfare, disability, social security, etc.)
Yes No If yes, explain: _____
6. List any circumstances that restrict you or your spouse from working full time: _____

PART B Include documentation to support the explanations in this section when you return this form.

1. Explain how overpaid unemployment benefits were spent. Specify any large expenditures that occurred because you received these benefits (i.e., might not have spent without U.I. funds).

2. List any rights to other benefits (e.g., right to collect TAFDC) you gave up when you were initially approved for unemployment insurance benefits. If denied any assistance, enclose your letter of denial.

PART C Enter a response on every line (except those that say "Office entry only"). Enter "0" if you do not have a figure to enter — do not leave blank or enter NA.

INCOME AND ASSETS	EXPENSES AND LIABILITIES
Use whole dollars only	Use whole dollars only
Gross monthly wage (before deductions) \$ _____	<u>Home & Basic Living Expenses</u>
Income from other sources (monthly)	Mortgage or rent per month / Condo fee \$ _____
Spouse's Wages \$ _____	Average monthly food costs \$ _____
Part-time wages (2 nd job) \$ _____	Average monthly utility costs \$ _____
Social Security benefits \$ _____	(combine heat, electric, gas, phone)
Other Pensions \$ _____	Average monthly clothing costs \$ _____
List other income (disability, food stamps, etc.)	Average monthly work related travel costs \$ _____
\$ _____	Annual real estate taxes divided by 12 \$ _____
\$ _____	Annual home insurance divided by 12 \$ _____
Office entry only Sub-total \$ _____	Office entry only Sub-total \$ _____
<u>Other Support</u>	<u>Other Support</u>
Child support (monthly) \$ _____	Child Support (monthly) \$ _____
Alimony (monthly) \$ _____	Alimony (monthly) \$ _____
Office entry only Sub-total \$ _____	Office entry only Sub-total \$ _____
<u>Investment Property Receipts</u>	<u>Investment Property Expenses</u>
Property income: monthly rent received \$ _____	Property expenses: monthly mortgage \$ _____
Office entry only Sub-total \$ _____	monthly utilities \$ _____
	Office entry only Sub-total \$ _____
<u>Other Financial Assets</u>	<u>Insurance Premiums</u>
Savings \$ _____ Value of investments \$ _____	Health (amount paid monthly) \$ _____
Checking \$ _____ Other liquid assets \$ _____	Auto (amount paid monthly) \$ _____
Office entry only Sub-total \$ _____	Life (annual premium divided by 12) \$ _____
	Office entry only Sub-Total \$ _____
Value of primary home \$ _____	Primary home — total owed \$ _____
Value of 2 nd home \$ _____	2 nd home — total owed \$ _____
<u>Vehicles</u>	Monthly car payments
Make _____ Year _____ Model _____	1 st \$ _____
2 nd Vehicles	2 nd \$ _____
Make _____ Year _____ Model _____	
List any other vehicles owned and valued (boat, motorcycle, etc.)	List any other monthly expenses (loans, credit cards etc. or debt owed)
\$ _____	\$ _____
\$ _____	\$ _____

I certify that my answers to the questions on this form are true and correct. I know that the Law provides penalties and/or imprisonment for false statements to obtain benefits and that DUA actively pursues fraudulently collected benefits. I hereby acknowledge that DUA will verify my financial information prior to issuing a decision.

Signature: _____

Date: _____