

BILL RITTER, JR.
Governor

DONALD J. MARES
Executive Director



DEPARTMENT OF LABOR AND EMPLOYMENT

DIVISION OF EMPLOYMENT AND TRAINING

Unemployment Insurance Integrity, Benefit Payment Control

P.O. Box 8789, Denver, CO 80201-8789

303-318-9035 (Denver-metro area)

1-877-464-4622 (outside Denver-metro area)

Social Security Number
Date Mailed
In Response To Your Inquiry Of
Overpayment Balance

WAIVER REQUEST

You were overpaid unemployment insurance (UI) benefits and are required to repay the amount in the **Overpayment Balance** box above to the UI Program.

You have the right to request that the overpayment be waived if you lack the ability to repay the amount of the overpayment because of financial hardship by completing the reverse side of this notice and mailing it to the address shown above. This request must be postmarked or received within 30 calendar days from the date shown in the **Date Mailed** box above.

We will issue a decision after reviewing your waiver request. That decision can be appealed if you disagree with it.

If you previously requested a waiver of this overpayment and were denied, that decision is final and cannot be reconsidered. A subsequent request for waiver may be submitted if a significant change in financial conditions, such as catastrophic illness or loss of employment, affects your ability to repay the overpaid amount. To report a significant change in financial conditions, complete the reverse side of this notice and mail it to the address shown above.

If the overpayment was caused by a decision that disqualified or disallowed you from receiving benefits, you may file an appeal on that decision if you disagree with it. **Do not** address that decision on this form.

If you have received previous notification that your overpayment has been withdrawn or waived, please disregard this notice.

If you have any questions regarding this form or need assistance, please call UI Integrity, Benefit Payment Control at the number shown above.

Social Security Number

I. REQUEST FOR REVIEW OF THE OVERPAYMENT. Please explain in detail why you disagree with the amount of the overpayment. Be specific. Please do not address the reason for the overpayment. If necessary, attach extra sheets.

Extra sheets attached. Write your social security number on each sheet.

II. WAIVER REQUEST. Please explain in detail why you are requesting that the overpayment be waived. Be specific. **Disagreement** with the decision that caused the overpayment will **not** be considered as a reason for a waiver.

Extra sheets attached. Write your social security number on each sheet.

III. FINANCIAL STATUS. Please answer the following questions.

- a. Are you presently filing for unemployment insurance benefits? Yes No
- b. Have you filed for bankruptcy? (If **Yes**, attach documents) Yes No
 Bankruptcy Number _____ File Date _____
- c. Did you enter into a new financial agreement based on your benefits? (If **Yes**, explain) Yes No
- d. Were you denied any type of public assistance due to receiving benefits? (If **Yes**, explain) Yes No
- e. Have you been certified as disabled? (If **Yes**, attach documents) Yes No

IV. FINANCIAL STATEMENT. Present financial condition is a consideration in determining the waiver-request decision and the method used to recover the amount overpaid should your request for waiver be denied. Please complete the following financial statement.

Income And Assets		Monthly Expenses	
1. Number of persons in household?		10. Food and clothing	\$
2. If you are unemployed, how long?		11. Utilities (gas, electric, water, telephone, etc.)	\$
3. a. If you are employed, how long?		12. Medical/dental (attach documentation)	\$
b. Gross monthly wages (before deductions)	\$	13. Child care	\$
c. Monthly take-home wages	\$	14. Transportation (bus, fuel, etc.)	\$
4. a. If you are married, is your spouse employed?		15. Mortgage	\$
b. Spouse's social security number		16. Second mortgage	\$
c. Spouse's monthly take-home wages	\$	17. Rent	\$
5. Other household members' monthly take-home pay	\$	18. Auto (monthly loan payment)	\$
6. Other income (social security, pension, etc.)	\$	19. Second auto (monthly loan payment)	\$
7. Savings and checking accounts, stocks, bonds, etc.	\$	20. Court-ordered support paid out	\$
8. a. Welfare and food stamps (attach copies of verifying documents)	\$	21. Credit cards (total monthly payments)	\$
b. Date filed for assistance (welfare, etc.)		22. Insurance (auto, home, etc.)	\$
9. Court-ordered support payments received (attach copies of verifying documents)	\$	23. Other (specify _____)	\$
Total Income And Assets	\$	Total Expenses	\$

I certify that the above information is true, complete, and correct to the best of my knowledge and belief.

Signed By	Telephone Number	Date Signed
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