



Request for Overpayment Waiver

Date:

Customer ID:

Overpaid unemployment benefits must be repaid in full; however, the overpayment debt may be waived if you meet all criteria set by law and rule, ORS 657.317 and OAR 471-030-0053.

If you want to request an overpayment waiver, fill out the application that begins on page 2. We have included detailed questions in your overpayment waiver application so we make an accurate decision. If you meet the requirements, your debt will be eliminated and the department will stop collection efforts, including offsetting current benefits.

Overpayment waiver requests can be applied whether you were at fault or not at fault for the overpayment of regular unemployment insurance benefits. A waiver request will NOT be granted for overpayments caused by fraud or cases of intentional misrepresentation.

Please return your overpayment waiver request application as soon as possible. A waiver is effective the week you submit it to the department. It is not retroactive. You will receive a written decision from the department after we review your application.

The Oregon Employment Department will deny your request for waiver if you give inaccurate or incomplete information or fail to provide supporting documentation. You may be subject to penalties if you intentionally give false information and you will not receive a waiver.

If you have questions, call: 503-947-1995 | Toll free: 877-668-3204 | Monday – Friday, 8 a.m. - 5 p.m.,

The Oregon Employment Department is an equal opportunity agency. Auxiliary aids and services are available upon request to individuals with disabilities. Language assistance is available to persons with limited English proficiency at no cost.

El Departamento de Empleo de Oregon es una agencia que respeta la igualdad de oportunidades. Disponemos de servicios o ayudas auxiliares, formatos alternos y asistencia de idiomas para personas con discapacidades o conocimiento limitado del inglés, a pedido y sin costo.

Household Information

Do you have a spouse/domestic partner with whom you live and share expenses? Yes No

Do you have another adult living in the same household with whom some expenses are shared? Yes No

How many adults live in the household? _____

How many minors (under 18 years old) live in the household? _____

The Employment Department must verify financial information of all wage earners in the household. This information will be kept confidential in accordance with ORS chapter 657.

By signing below, I authorize the Oregon Employment Department to verify my earnings and other financial information necessary to determine the applicant's need for a waiver of recovery of overpaid benefits.

Printed name of spouse/partner:

Signature:

Date:

By signing below, I authorize the Oregon Employment Department to verify my earnings and other financial information necessary to determine the applicant's need for a waiver of recovery of overpaid benefits.

Printed name of other adult sharing expenses:

Signature:

Date:

By signing below, I authorize the Oregon Employment Department to verify my earnings and other financial information necessary to determine the applicant's need for a waiver of recovery of overpaid benefits.

Printed name of other adult sharing expenses:

Signature:

Date:

Reminder: You must attach copies of bills, statements or additional information to support your income and expenses. Failure to do so may result in a denial of the waiver.

Income and Expense Information

(Include current copies of bills, statements, or additional information)

Current Total Household Monthly Income (you, your spouse/partner, and/or other people in your household)

Type of Income	You	Spouse/Partner	Other
Wages Received: Before taxes/monthly			
Self-Employment: Before taxes/monthly			
Pensions/monthly			
Interest			
Dividends (e.g., PFD, Stockholder)			
Public Assistance (e.g., Supplemental Nutrition Assistance Program/Food Stamps, Energy Assistance, WIC)			
Other:			
Other:			

Assets Currently Available to Yourself and Spouse/Partner

Type of Account	Banking Institution	City and State	Balance
Cash on Hand			\$
Checking Account			\$
Checking Account			\$
Savings			\$
Savings			\$
Stocks and Bonds			\$
IRA			\$
IRA			\$
Other:			\$

Household Expenses

Type of Expense	You	Spouse/Partner	Other
Rent/House Payment			
Auto Loans			
Vehicle Maintenance/Gas			
Utilities			
Food			
Child Care			
Child Support/Alimony			
Insurance			
Medical/Dental			
Credit Card			
Credit Card			
Clothing			
Television/Internet			
Property Taxes (if not part of house payment)			
Other:			
Other:			

Extraordinary Circumstances

Please explain, on the back of this page, any additional circumstances for consideration in determining your eligibility for waiver of overpayment recovery. Attach additional pages if necessary.

Certification and Authorization to Release Information

I swear or affirm that the information provided is true and complete. I authorize the release of any financial information to the Oregon Employment Department in order to verify the accuracy of the above information. I understand providing false information will result in denial of my request for waiver of overpayment recovery.

Signature: _____ Date: _____

Printed Name: _____

Instructions for completing a Request for waiver of overpayment:

- Complete the waiver application, sign and date it. **The application must be signed or it cannot be processed.**
- Provide proof of all Income and expenses listed on your application. This includes income and expenses for everyone you listed as part of your household.
- Supporting documents must be submitted with your application. (Examples are listed below)

Income: Submit proof for all Income listed on your application.

- Check stubs for the last three months, or
- Payment receipts for the last three months, or
- Tax return forms, or
- A letter from your employer, etc.

Expenses: Submit copies of all bills listed as an expense on your application.

- Auto loans – Statement, payment voucher, etc., something from the lender, showing your monthly payment.
- Utilities – Electric bill, Gas bill, Water bill, Sewer bill, Garbage bill.
- Child Care – Receipt, statement, or something showing how much you pay monthly.
- Child Support - Receipt, statement, or something showing how much you pay monthly.
- Insurance – Payment voucher or monthly statement, etc.
- Medical/Dental – Statements or bills showing how much you pay monthly.
- Credit Cards – Monthly statement.
- Television/Internet – Monthly statement.
- Property Taxes – Statement (if not included with your house payment)

Remember: You must attach copies of bills, statements or additional information to support your income and expenses. Failure to do so may result in a denial of the waiver.

NOTES:
