



Request for Reconsideration of Overpayment Recoupment - Waiver

To request that the Maryland Division of Unemployment Insurance consider waiving your overpayment, complete this form within 30 days of the date of the original overpayment determination. The form may be accepted after 30 days if show that you had good cause to submit it late.

Your unemployment insurance (UI) overpayment may be waived if you are: without fault; and lack the ability to pay (now and in the foreseeable future) or are part of a household that is below the federal minimum poverty level (see below) and likely to remain there for the foreseeable future.

Current HHS Poverty Guidelines

Federal Minimum Poverty Level (in **48 Contiguous States and Washington, D.C.**) - For an individual with one person in a family, the poverty level is \$12,490; for two people, \$16,190; for three people, \$21,330; for four people, \$25,750; for five people, \$30,170; for six people, \$34,590; for seven people, \$39,010; and for eight people, \$43,430.

Federal Minimum Poverty Level (in **Alaska**) - For an individual with one person in a family, the poverty level is \$15,600; for two people, \$21,130; for three people, \$26,660; for four people, \$32,190; for five people, \$37,720; for six people, \$43,250; for seven people, \$48,780; and for eight people, \$54,310.

Federal Minimum Poverty Level (in **Hawaii**) - For an individual with one person in a family, the poverty level is \$14,380; for two people, \$19,460; for three people, \$24,540; for four people, \$29,620; for five people, \$34,700; for six people, \$39,780; for seven people, \$44,860; and for eight people, \$49,940.

For each additional person above 8, add: \$4,420 for 48 contiguous states and D.C., \$5,530 for Alaska, and \$5,080 for Hawaii.

Please complete the following to request a waiver of your UI overpayment.

Name _____

Social Security Number _____

Address _____

City, State, Zip _____

Telephone Number _____

Email Address _____

Affidavit of Current Income and Living Expenses

Average Monthly Household Income

1. Your current monthly gross income: _____
Please provide copies of your *two most recent pay stubs*.
Your highest level of education or vocational training completed: _____

2. Your spouse's current monthly gross income: _____
Please provide copies of your spouse's *two most recent pay stubs*.
Spouse Name: _____
Spouse Social Security Number: _____

3. List names, ages, and Social Security Numbers for all dependents residing in your home (attach additional pages as necessary):

Name: _____	Age: _____
SSN: _____	Monthly Gross Income: _____
Name: _____	Age: _____
SSN: _____	Monthly Gross Income: _____
Name: _____	Age: _____
SSN: _____	Monthly Gross Income: _____
Name: _____	Age: _____
SSN: _____	Monthly Gross Income: _____

Waiver Request

Please use the space below or an attached sheet to describe why (what conditions exist) you are unable to repay your overpayment in the foreseeable future. If reason is due to medical complications, please enclose a medical statement.

Financial Statement

Other monthly gross income - Please provide copies of your two most recent pay stubs for each:

Social Security	
Pension and/or Retirement	
Severance	
Disability	
Unemployment Compensation	
Alimony	
Child Support	
TANF/Food Stamps	
Other Income	<hr/> <hr/> <hr/>
Total Income and Assets	

Monthly Expenses – Please provide supporting documentation for all monthly expenses listed below:

Mortgage/Rent	
Second Mortgage	
Water	
Gas	
Electric	
Cable	
Internet	
Medical/Dental	
Telephone	
Transportation (car payment, fuel, bus, etc.)	
Food	
Child Care	

Student Loan(s)	
Credit Card(s)	
Home/Renter's Insurance	
Auto Insurance	
Health Insurance	
Life Insurance	
Court ordered support paid out	
Other (please specify)	_____ _____ _____
Total Expenses	

Bank Accounts - Please attach any additional bank accounts on a separate page.

Name of Bank / Financial Institution: _____

Bank / Financial Institution Address: _____

Type of Account: Checking Savings Certificate of Deposits Other:

Account Number: _____ Value of Account: _____

Name of Bank / Financial Institution: _____

Bank / Financial Institution Address: _____

Type of Account: Checking Savings Certificate of Deposits Other:

Account Number: _____ Value of Account: _____

Name of Bank / Financial Institution: _____

Bank / Financial Institution Address: _____

Type of Account: Checking Savings Certificate of Deposits Other:

Account Number: _____ Value of Account: _____

Name of Bank / Financial Institution: _____

Bank / Financial Institution Address: _____

Type of Account: Checking Savings Certificate of Deposits Other:

Account Number: _____ Value of Account: _____

Certification and Signature

I understand that failure to answer the questions on this form truthfully may be considered unemployment insurance fraud. I hereby certify that my answers to the questions on this form are true and correct.

I AFFIRM, UNDER THE **PENALTIES OF PERJURY**, THAT THE INCOME, EXPENSES, AND INFORMATION LISTED ON THIS FORM ARE **ACCURATE AND CORRECT**.

Claimant's Signature: _____ Date: _____

When you have completed this form, please send it and all attachments you wish to present by mail to the address below:

Department of Labor
ATTN: Benefit Payment Control
100 South Charles Street, 3rd Floor
Baltimore, MD 21201

For questions, call **(410) 767-2404**.

Mail completed form to the above address within **30 days**
(from the date of the original overpayment determination).