



GEORGIA DEPARTMENT OF LABOR

OVERPAYMENT UNIT
PO BOX 3433
ATLANTA, GA 30302-3433
(404) 232-3075

CLAIMANT REQUEST FOR OVERPAYMENT WAIVER

The waive application must be completed for consideration to waive recovery of overpaid benefits. This application will be used to determine if you meet the requirements to have your overpayment waived. You will receive a written determination by regular mail. Please note this process may take 30 to 45 days from the date you submit your waiver application.

The Georgia Department of Labor (GDOL) must determine payment of unemployment benefits was without fault on your part and repayment would be contrary to equity and good conscience.

Waiver determinations are based on the Rules of the Georgia Department of Labor Employment Security Laws – Chapter 300-2-4-.08. The Georgia Department of Labor may waive regular state and federal pandemic UI non-fraud overpayments when the following conditions exist:

- The overpayment waiver application must be submitted within **15** days of the overpayment determination mail date. *
- The overpayment was not established due to fraud (waiver rights are provided on the overpayment determination).
- Benefits paid were based on no fault of the claimant.
- The claimant shows proof that repayment of the overpayment will cause financial hardship.
- Recovery would be unreasonably excessive under the circumstances.
- The claimant can show receiving the payments caused him/her to give up other government benefits and is, therefore, now in a worse financial position than if they had not received the benefits.
- The claimant used the money for things that were not ordinary expenses, such as, paying off a debt or taking on a new loan.

Regardless of the program under which benefits were paid, in order to be considered for an overpayment waiver, you will be required to provide proof that repayment would be contrary to equity and good conscience. This information will be used to verify details provided on your waiver request. Please send copies of documents, not originals. Examples of proof are as follows: contracts, bills, collection letters, doctor statements, paystubs or checks. We cannot return any copies you provide. If you do not have the records needed or cannot make copies as requested, you may still submit the application. The decision will be made based on available information. However, your statements will be given more weight if we have proof of your financial condition.

Your application must be return within 15 days from the overpayment determination mail date. You may submit the application by email to Overpaymentwaiver@gdol.ga.gov or mail to Georgia Department of Labor, Attn: Overpayment Unit – Waiver Request, P.O. Box 3433, Atlanta, GA 30302.

*Any Overpayment Determination issued prior to the effective date of this rule that established an overpayment for one or more weeks ending February 8, 2020, through June 26, 2021, the fifteen (15) day time limitation to file an application for waiver of overpayment shall be waived through June 30, 2022. An individual whose application for waiver of overpayment was denied prior to the effective date of this rule may request a redetermination; provided, however, that only overpayment weeks ending February 8, 2020, through June 26, 2021, shall be eligible for redetermination and the request for redetermination must be submitted to the Department before July 1, 2022.

APPLICATION FOR OVERPAYMENT WAIVER

ANSWER EVERY QUESTION. Please answer the questions on this application as completely as you can and provide documentation supporting your answers. We will use your answers on this application to determine if the overpayment is eligible for waiver. Enter **N/A** if the question does not apply; enter **0** if a number is required and you have none. Use additional sheets if needed, to explain. **Your waiver application will not be processed, if it is not completed in full, signed and dated.**

REQUEST TYPE: Initial Redetermination

PART 1. PERSONAL INFORMATION:

First Name: _____ Last Name: _____

Last 4 of Social Security Number: _____

Mailing Address: _____

Residence Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

If your contact information has changed since you filed your unemployment insurance claim, please update your information by visiting our website at dol.georgia.gov...Online Services...Change of Address and Contact Information.

Marital status: Single Married Divorced Separated Widowed

Currently living with your spouse or another individual who contributes to your household's expenses Yes No

PART 2. CURRENT EMPLOYMENT: Include any temporary or permanent or long-term employment and self-employment regardless of where the work is performed or how long you worked.

1. Are you currently: (check one) Employed Unemployed Retired

a. If employed, do you work: Full Time Part Time On Call

b. How many hours do you work each week? _____

c. If unemployed, last date of employment: _____

d. If retired, date of retirement: _____

PART 3. HOUSING:

| | |
|-------------------------------|--|
| Do you own or rent your home? | <input type="checkbox"/> Rent <input type="checkbox"/> Own |
| Other (explain) | |

PART 4. FINANCIAL STATEMENT: Include information for both yourself and your spouse or other individual(s) who contributes to the household.

A. Monthly Gross Income - Enter a response on every line. Enter **0** if there is no figure to enter or your household does not receive the source of income:

| Source | Amount |
|----------------------------|--------|
| Wages from Employment | |
| Social Security | |
| Pension and/or Retirement | |
| Severance | |
| Workers Compensation | |
| Disability | |
| Unemployment Insurance | |
| Alimony | |
| Child Support | |
| SNAP/Food Stamps | |
| Other Income (please list) | |
| _____ | |
| _____ | |
| TOTAL INCOME | |

Please provide copies of your household's proof of income. This includes, but not limited to, two (2) most recent paystubs, payroll deposits, monthly invoices for self-employment income, income statements or printouts, income verification letter.

B. Monthly Expenses – Enter a response on every line. Enter **0** if there is no figure to enter or your household does not have the expense:

| Source | Amount |
|---|--------|
| Mortgage/Rent | |
| Water | |
| Gas | |
| Electric | |
| Cable/Internet | |
| Medical/Dental | |
| Telephone | |
| Transportation (Car Payment, fuel, bus, etc.) | |
| Food | |
| Child Care | |
| Student Loan(s) | |
| Home/Renter's Insurance | |
| Auto Insurance | |
| Health Insurance | |
| Life Insurance | |
| Court ordered child support paid out | |
| Other Expenses (please list) _____ | |
| TOTAL EXPENSES | |

Please provide supporting documentation for all of your household's monthly expenses listed.

C. **Assets** - An asset is any property or item(s) you own that you can sell to pay your debts. An asset may also be money that you can use to pay your debts. Enter a response on every line. Enter 0 if there is no figure to enter or you do not have the type of asset:

| Type of Asset | Current Balance(s) or Value |
|--------------------------------------|-----------------------------|
| Savings Account | \$ |
| Checking Account | \$ |
| Retirement Account (401K, IRA, etc.) | \$ |
| Certificate of Deposits | \$ |
| Other (Explain) | \$ |
| | \$ |
| | \$ |

Please provide your most recent financial statements or supporting documentation to show value of asset(s).

PART 5. HEALTH CONDITION OF YOU AND YOUR FAMILY MEMBERS: Only complete this section if you think your health or a member of your household's health should be a consideration in waiving your overpayment, explain why. **(Please provide proof of health condition if you want this considered in the waiver.)**

| Family Member | Health Condition | | | If you think health should be a consideration in waiving our overpayment, explain why: |
|-----------------|------------------|-----|---------|--|
| | Good | Bad | Serious | |
| Self | | | | |
| Spouse | | | | |
| Child | | | | |
| Child | | | | |
| Other Dependent | | | | |
| Other Dependent | | | | |

PART 6. BANKRUPTCY: Please provide proof of bankruptcy, if applicable.

Are you in bankruptcy now? Yes No

If yes, select type: Chapter 7 Chapter 11 Chapter 13

When did you file? _____ Where? _____

Your Case Number: _____

PART 7. YOUR STATEMENT ON OVERPAYMENT:

State below in detail why you believe we should waive your overpayment. Please provide complete details. You must sign and date your application.

You must show repayment of the overpayment would be contrary to equity and good conscience or your financial condition has worsened due to payment of federal pandemic benefits or repayment of federal pandemic benefits would be unconscionable under the circumstances.

If there are special reasons why you need the overpayment waived, tell us. Include any special expenses you have, family or personal problems that affect your ability to repay, or any other reasons you feel are important. Use additional sheets if necessary. The waiver determination will be based on information provided on this application.

CERTIFICATION AND SIGNATURE

I understand that it is a criminal offense to make false statements and certify that my income, expenses and answers to the questions on this form are true and accurate. Failure to answer the questions truthfully may be considered unemployment insurance fraud.

Claimant’s Signature: _____

Date: _____

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If you have questions or need additional instructions regarding this application, please contact 1-877-709-8185 and say “Overpayment Unit” when prompted.