

REQUEST TO LOWER YOUR FOODSHARE OVERPAYMENT

If you get a FoodShare overpayment and you cannot pay it, you can use this form to ask to pay back a lower amount. This is known as a FoodShare overpayment claim compromise. The information on the request form will be used by your agency to decide if the amount that you need to pay back can be reduced. If the form is not completed, your request will be denied.

If you are filling out the request form for someone else, answer the questions as they apply to that person. If you need more space, attach a separate sheet(s) of paper, and write down the number(s) of the question(s) you are answering.

Your request will be processed as soon as possible. If you do not hear back from your agency within 30 days of submitting your request, call them at the number listed at the top of page 1.

Submitting Your Form

Submit your completed form either by mail or drop it off at your agency.

***Note: This form cannot be faxed.**

INSTRUCTIONS

Complete this form to submit your overpayment claim compromise request. Include as much information about your household and your overpayment claim as you can to help us process your request. Please write clearly using a black or blue pen.

SECTION 1 – YOUR INFORMATION

| | |
|--------------------------------------|------------------------|
| Name – (Last, First, Middle Initial) | Phone Number |
| Address | Social Security Number |
| Case Number(s) | Date of Birth |

SECTION 2 – OVERPAYMENT INFORMATION

To complete Section 2 – Overpayment Information, please include your overpayment claim number and amount. This information can be found by logging into your ACCESS account at access.wi.gov. The worker processing your request will also help locate all claims that can be reduced. Call your agency if you need help getting information asked for in this section.

| | |
|---|-------------------------|
| Overpayment Claim Number #1 | Claim Amount (If Known) |
| Overpayment Claim Number #2 | Claim Amount (If Known) |
| Overpayment Claim Number #3 | Claim Amount (If Known) |
| Have you asked for a fair hearing for these overpayment claim(s) in the last 90 days? Yes <input type="checkbox"/> No <input type="checkbox"/> | OCCIN (If Known) |

SECTION 3 – HOUSEHOLD MEMBERS

To complete Section 3 – Household Information, you should list all of the current members of your household. This includes household members that may not have been included in your overpayment claim.

| Name | Date of Birth | Relationship to You | Do You Buy and Eat Most of Your Meals With This Person? |
|------|---------------|---------------------|--|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

SECTION 4 – LIQUID ASSETS

Liquid assets include items such as cash, checking or savings accounts, prepaid debit cards, certificates of deposit (CDs), trust funds, stocks, bonds (not set aside for education or funeral expenses), interest in annuities, and U.S. savings bonds. Do not include the value of your home or personal household belongings.

Does your household have liquid assets totaling more than \$100,000? Yes ☐ No ☐

SECTION 5 – MONTHLY HOUSEHOLD INCOME

List everyone in your household (including yourself) that has monthly income. Provide the amount they get each month. If you need more space for additional people, attach another sheet of paper. Note: Proof of reported income may be needed.

| Type of income | Name(s) | Total Household Amount Per Month |
|---|---------|----------------------------------|
| Total Job Income (before any taxes) | | \$ |
| Self-Employment Income (net income after deducting your expenses) | | \$ |
| Total of *Other Income (this includes, but is not limited to, Social Security, Supplemental Security Income (SSI), Alimony/Child Support, Disability/Sick Pay, Interest/Dividends, Veterans' Benefits, Foster Care Payments, Kinship Care Payments) | | \$ |

*If you listed other income, explain what that other income is:

SECTION 6 – MONTHLY HOUSEHOLD EXPENSES

List the amount of household expenses you and the people living with you have each month. You should also include a short explanation of what the expense is. For example: If you pay a phone bill each month, list the amount of that expense next to Other Utilities below, and then in the Expense Explanation column, write phone bill. You do not need to include normal and expected monthly costs for things like food and household goods.

Note: Proof of expenses may be needed.

| Type of Expense | Name(s) | Total Household Amount Per Month | Expense Explanation |
|--|---------|----------------------------------|---------------------|
| Shelter Costs (such as rent, mortgage, taxes, property taxes, or homeowner's insurance) | | \$ | |
| Heating and Cooling Utilities (such as gas, electric, liquid propane gas, fuel oil/kerosene, coal, wood, air conditioning surcharge) | | \$ | |
| Other Utilities (such as phone, water, sewer, trash removal) | | \$ | |

| | | | |
|--|---------------|----|--|
| Debt Payments | | \$ | |
| Medical Expenses (such as prescriptions, medical bills, copayments, or health/dental insurance premiums) | | \$ | |
| Transportation Expenses (such as bus, taxi, train, subway, boat/ferry, rideshare service such as Uber or Lyft, car or truck, car/vehicle insurance) | | \$ | |
| Education Expenses (such as school, university, college, technical college, trade school, apprenticeship, or institution of higher learning tuition, room and board at a facility such as dormitory, or tutoring assistance) | | \$ | |
| Other Expenses | | \$ | |
| Child Support or Alimony | | \$ | |
| Name of the person you are paying child support or alimony to | Address/phone | | |

SECTION 7 – SIGNATURE OF REQUESTOR OR AUTHORIZED REPRESENTATIVE

SIGNATURE OF OVERPAID PERSON OR AUTHORIZED REPRESENTATIVE

By signing below, I understand and agree that I am asking to reduce the amount of my FoodShare overpayment and that all the information I have provided is correct and complete to the best of my knowledge.

| | |
|---|--------------------------|
| SIGNATURE OF REQUESTOR – (First, Middle Initial, Last Name) | Date Signed (mm/dd/yyyy) |
| PRINT NAME – (First, Middle Initial, Last Name) | |
| What is your relationship to the person requesting to lower the amount they owe if not self? Legal Guardian or Conservator <input type="checkbox"/> Authorized Representative <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Attorney Representing <input type="checkbox"/> | |

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