

Unemployment Benefits Overpayment Waiver Hardship Form

Applicant Information

Full Name

Last 4 digits of SSN

Address

City

State

ZIP Code

Phone Number

Email

Overpayment Information

Amount of Overpayment

Claim Year

Case/Claim Number

Hardship Statement

Describe your financial hardship and explain why you are requesting a waiver of the overpayment:

Income Information

Total Monthly Income

Household Size

Monthly Expenses

Rent/Mortgage

Utilities

Food

Transportation

Medical/Insurance

Other Expenses

Additional Information

Additional explanation or information (optional):

Signature

Date