



## GEORGIA DEPARTMENT OF LABOR

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

### CLAIMANT REQUEST FOR OVERPAYMENT WAIVER

The waiver 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.

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

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

- The Claimant Request for 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 Notice of 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 of the overpayment would result in the claimant's loss of or inability to obtain the minimal necessities of food, medicine, and shelter for a substantial period of time and is expected in the foreseeable future.
- The claimant can show he/she has no reasonable prospect of future employment or ability to repay the overpayment in the future due to age, disability, or other good cause.

To be considered for an overpayment waiver, you are required to provide proof that repayment would be contrary to equity and good conscience regardless of the program under which benefits were paid. This information will be used to verify the 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, pay stubs, 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, if we have proof of your financial condition, your statements will be given more weight.

Your application must be returned within 15 days of the overpayment determination mail date. You may submit it by email to [Overpaymentwaiver@gdol.ga.gov](mailto:Overpaymentwaiver@gdol.ga.gov) or by mail to Georgia Department of Labor, Attn: Overpayment Unit—Waiver Request, P.O. Box 3433, Atlanta, GA 30302.

\*An individual whose application for waiver of overpayment was denied prior to April 15, 2022, for failure to file a timely application for waiver of overpayment may request a redetermination; provided, however, that only overpayment weeks ending February 8, 2020, through June 26, 2021, shall be eligible for redetermination.

# APPLICATION FOR OVERPAYMENT WAIVER

**ANSWER EVERY QUESTION.** Please answer the questions on this application as completely as possible 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](http://dol.georgia.gov)...Online Services...MyUI Claimant Portal.**

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, permanent, long-term employment, or 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 contribute 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	
Worker's Compensation	
Disability	
Unemployment Insurance	
Alimony	
Child Support	
SNAP/Food Stamps	
Other Income (please list)	
_____	_____
_____	_____
<b>TOTAL INCOME</b>	

*Please provide copies of proof of income for your household. This includes, but is not limited to, two (2) most recent pay stubs, payroll deposits, monthly invoices for self-employment income, income statements or printouts, and an 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)  _____  _____	 _____  _____
<b>TOTAL EXPENSES</b>	

*Please provide supporting documentation for all listed monthly household expenses.*

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 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 the value of an asset(s).*

**PART 5. HEALTH CONDITION OF YOU AND YOUR FAMILY MEMBERS:** Only complete this section if you think your health or that of a member of your household 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 your 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 and recovery of the overpayment would result in your loss of or inability to obtain the minimal necessities of food, medicine, and shelter for a substantial period of time and is expected in the foreseeable future and you can show you have no reasonable prospect of future employment or ability to repay the overpayment in the future due to age, disability, or other good cause.

Tell us if there are special reasons why you need the overpayment waived. Include any extraordinary 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 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.**