NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESIDENCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECK ONE: OWN  RENT  Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLAIMANT ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The request for waiver must be made within ten (10) days from the date of the overpayment determination. Waiver determinations are based on S.C. Code Ann. § 41-41-40(B)(2) and S.C. Code Ann. Regs. § 47-103. DEW may waive recovery of an Unemployment Insurance (UI) overpayment if the person is without fault **and** recovery of the overpayment would be contrary to equity and good conscience. We will use your answers on this form to determine if the overpayment is eligible for waiver. Please answer the questions on this form as completely as you can and provide documentation supporting your answers.

**PART A ANSWER EVERY QUESTION**. 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.**

1. Marital status: (check one that most closely identifies) Single  Married  Divorced  Separated  Widowed
2. Number of dependent children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ages of children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other dependents: (list and explain circumstances) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you currently: (check one) Employed  Unemployed  Retired
   1. If employed, employer’s name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. If unemployed, last date of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. If retired, total monthly pension(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Currently living with spouse, domestic partner or other individual who contributes to expenses Yes  No

1. Is your spouse, domestic partner or other individual who contributes to expenses currently: (check one)

Employed  Unemployed  Retired

Current gross monthly income/salary (before taxes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is your family currently receiving any government support? (Welfare, disability, social security, SNAP, VA benefits etc.)

Yes  No  If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART B** Enter a response on every line. Enter **0** if there is no figure to enter; do not leave blank or enter N/A.

**Financial Statement**

**Monthly gross income** - *Please provide copies of the two (2) most recent paystubs or statements for each income source for both yourself and your spouse, domestic partner or other individual who contributes to the household:*

|  |  |
| --- | --- |
| **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 & ASSETS** |  |

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

|  |  |
| --- | --- |
| **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 support paid out |  |
| Other Expenses (please list)  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **TOTAL EXPENSES** |  |

**PART C** In order for the waiver request to be approved, you must show an inability to pay now and/or in the foreseeable future. Please

use the space provided below to indicate what conditions exist that makes you unable to repay your overpayment. When you

return this form, please include documentation to support your explanation. Please attach separate sheets, if you require

additional space.

|  |
| --- |
|  |
|  |

# CERTIFICATION AND SIGNATURE

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

# I AFFIRM 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 mail or fax this form and all attachments to the following address:

**S. C. Department of Employment and Workforce**

**UI Collections Unit**

**P.O. Box 2644**

**Columbia, SC 29202**

**Fax: 803-737-0422**

**If you have questions or need additional instruction regarding this form, please call the UI Collections Unit at 803-737-2490.**