

# **Waiver of Overpayment Recoupment**

Date:

Name:

Address:

Account/Reference Number:

## **Statement**

I hereby request a waiver of recovery for the overpayment identified above. I certify that I am unable to repay the overpaid amount without financial hardship and that the overpayment was not due to any willful misrepresentation on my part.

## **Reason for Waiver Request**

## **Signature**

Signature:

Date: