

# 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: