**OVERPAYMENT DECLARATION**

|  |  |
| --- | --- |
| Claimant Name: CASENAME | Docket No. DOCKETNODeclaration of *(name):*  |

**Declaration of *(name):***

 I am *(age):* years old and I am the *(check one):* [ ]  Claimant

[ ]  Other *(relationship to the people in this case):*

*Please answer all of the questions. Some of the questions may have been asked during the Employment Security Department’s investigation. Please answer the questions here, even if answered them before.*

**Fault**

1. Did you provide all the information requested by the Employment Security Department (“ESD”) in its investigation about the issue which caused the overpayment? [ ]  Yes [ ]  No
	1. If no, please give details about why you did not provide the requested information.

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1. Was the information you provided completely accurate? [ ]  Yes [ ]  No
	1. If no, please give details about why the information was not completely accurate.

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1. Did you provide any information to the Department about which you were not entirely sure or didn’t fully know the answer at the time? [ ]  Yes [ ]  No
	1. If yes, please give details about what that information was and why you responded as you did.

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1. Did you leave out any information that was requested by the Department when you filed your claim for benefits? [ ]  Yes [ ]  No
	1. If yes, please give details about what that information was.

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1. Did you later discover, or did the Department bring to your attention later, that you had not provided accurate or complete information? [ ]  Yes [ ]  No
	1. If Yes, please explain in detail starting with the date.

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1. Was there a difference in what you told ESD during the investigation and what you stated in your appeal, or during a hearing.  For example, you told ESD you were not available for full time work, but stated, in your appeal, you were available for full time work? [ ]  Yes [ ]  No
	1. If yes, please explain in detail why the information was different.

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1. Is there any additional information you would like judge to considered regarding whether you are at fault for the overpayment? [ ]  Yes [ ]  No
	1. If yes, please describe what that additional information is.

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**Waiver**

**Your Household:**

1. How many people live with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are any of these people minor children who depend on you for support? [ ]  Yes [ ]  No
	1. If yes, indicate number and ages of dependent children in your household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you pay child support for minor children who do not live in your household? [ ]  Yes [ ]  No
	1. If yes, indicate your monthly child support expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Are you married? [ ]  Yes [ ]  No
	1. If yes, does your spouse’s income help pay for household expenses (rent/mortgage, power, food, etc.)? [ ]  Yes [ ]  No
	2. If yes, how much does your spouse contribute per month? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do any other members of your household (i.e., roommate(s) or other adults living with you) help pay for household expenses (rent/mortgage, power, food, etc.)? [ ]  Yes [ ]  No
	1. If yes, how much do these household members contribute per month? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expenses – *Please answer $0 for all those that do not apply.***

1. What is *your share* of your monthly housing payment, either rent or mortgage? \_\_\_\_\_\_\_\_\_
2. How much are your average monthly expenses for utilities(gas, power, water/trash)? \_\_\_\_
3. If you have a car payment, how much are you required to pay each month? \_\_\_\_\_\_\_\_\_\_\_
4. How much do you pay per month in car insurance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. How much do you pay per month for telephone service?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. How much do you pay per month for internet service? ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. How much do you pay per month for food? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Please list any other required monthly expenses not listed above.
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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 **Assets**

1. Are you currently working? [ ]  Yes [ ]  No
	1. If yes, when did you start working?\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. What is your monthly gross income from employment (before taxes)? \_\_\_\_\_\_\_\_\_
2. If you are married, is your spouse currently working? [ ]  Yes [ ]  No
	1. If yes, when did your spouse start working?\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. What is your spouse’s monthly gross income?\_\_\_\_\_\_\_\_\_\_\_\_
3. Are you currently receiving unemployment benefits? [ ]  Yes [ ]  No
	1. If yes, what is your weekly benefit amount?\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What is the total balance of your checking account(s) as of the date you are completing this form?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What is the total balance of your savings account(s) as of the date you are completing this form?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. If you have a retirement account(s), how much is in the account(s) as of the date you are completing this form?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Do you have any other source of income besides employment (alimony, social security, VA benefits, etc.)? [ ]  Yes [ ]  No
	1. If yes, please describe the additional income, and how much on average you earn or receive per month. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Do you have any other assets (property, stocks, annuities, trusts, etc.) not identified above? [ ]  Yes [ ]  No
	1. If yes, please list what they are and how much they are worth.
		1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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		5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equity and Good Conscience**

1. If you were required to repay the overpayment listed in the determination, would it deprive you of basic living necessities (i.e., food, shelter, or access to medical care)? [ ]  Yes [ ]  No
2. If yes, please describe how it would deprive you of basic living necessities.

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1. Is there any additional information you would like judge to considered regarding whether waiver should be applied to your overpayment? [ ]  Yes [ ]  No
	1. If yes, please describe what that additional information is.

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*(Number any pages you attach to this Declaration. Page limits may apply.)*

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form (and any attachments) are true. [ ]  I have attached *(number):* pages.

Signed at *(city and state):* Date:

*Sign here Print name*

**BLANK DECLARATION (OPTIONAL)**

|  |  |
| --- | --- |
| Claimant Name: CASENAME | Docket No. DOCKETNODeclaration of *(name):*  |

**Declaration of *(name):***

1. I am *(age):* years old and I am the *(check one):* [ ]  Claimant

[ ]  Other *(relationship to the people in this case):*

2. I declare:

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

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 *(Number any pages you attach to this Declaration. Page limits may apply.)*

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form (and any attachments) are true. [ ]  I have attached *(number):* pages.

Signed at *(city and state):* Date:

*Sign here Print name*