



CLAIMANT ID:
CLAIM ID: 202003

Claimant First and Last Name : ,

Mail Date of Fact-Finding Form :

Claimant ID :

Claim ID : 202003

Issue ID associated with the Determination that lists the federal overpayment for which the waiver is requested:
Mail or distribution date on the Determination that lists the federal overpayment for which you are requesting a waiver:

You are receiving the option to complete a federal overpayment waiver because the Department has determined you have a non-fraudulent federal pandemic overpayment on your account. The CARES Act and the Continued Assistance Act authorized and provided states the option to waive federal overpayments issued to claimants under the federal pandemic programs. The Department recognized the hardships many Floridians faced throughout this unprecedented time and opted to provide federal overpayment waivers for eligible claimants who meet specific criteria outlined in federal law and guidance. The following information is needed to determine your eligibility to waive the federal overpayment on your claim referenced above. **To request to waive the federal overpayment, you must complete the following questions and submit your responses by .** To be considered for the overpayment waiver, you must respond by the deadline. Once responses are submitted, your application will be processed, and you will receive a determination with information about your eligibility for waiver of the federal overpayment. Please allow time for the Department to process your request.

1. What is the date you first became aware of this overpayment? _____
2. Did you file an appeal with the Department to challenge the overpayment? Yes No
3. (if yes to question 2) If you filed an appeal to the determination establishing the overpayment, have you received a decision from an Appeals Referee? Yes No Not applicable because I didn't file an appeal
4. Has your appeal deadline passed for the determination establishing the overpayment? Yes No

5. Have you made any payments toward the overpayment?

Yes No

6. If yes, how much has been paid and on what dates?

WAIVER QUESTIONS

1. Did you knowingly provide false information or fail to provide information in order to receive benefit payments?

Yes No

2. Will the repayment of the overpayment cause you to fall behind on your bills, cause you financial hardship, cause you to give up a valuable possession, or change your position for the worse?

Yes No

3. I reasonably believed I was eligible to receive the payments provided.

Yes No

I certify that the information I provided above is true and correct, and I understand that the law provides penalties for false information.

If your request for overpayment waiver is denied, you may still request an adjustment to the repayment schedule if the overpayment would cause you a financial hardship.

EXAMPLE