

Fax: (608) 260-2599

Date Mailed:

SSN:

TO REPLY ONLINE:
<https://my.unemployment.wisconsin.gov>

If you appealed the overpayment determination, please wait to submit the waiver request until after you have received a decision regarding your appeal.

Waiver request applies to federal programs and not to regular unemployment insurance benefits received. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1) (m), Wisconsin Statutes]. Provision of your Social Security Number (SSN) is mandatory per the federal Social Security Act. Your SSN is used to verify your identity.

Information about you and your household

Name	Social Security Number	Telephone Number	
Street Address	City	State	Zip Code
Are You Currently Employed? If "YES," Give Employer Name, Address, and Telephone Number		Occupation	Start Date ____/____/____
Total Number of Household Members Including Yourself	See instructions to calculate number of household members.		

Household Income (include all household members)

Gross monthly household income \$ _____	See instructions to calculate gross household income.
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Household Monthly Expenses

Total monthly expenses \$ _____	See instructions to calculate total monthly expenses.
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As a result of receiving the overpayment of federal unemployment benefits did you:

Get denied for public assistance benefits? Yes No (If yes, what kind?) _____

As a result of having to pay back the overpayment did you:

Lose your housing or lose a chance to get housing through one of the following means:

- Eviction process commenced (e.g., notice of eviction) or completed;
- Foreclosure process commenced (e.g., notice of default issued) or completed;
- Forced to abandon leased property; or
- Otherwise forced to leave housing?

Yes No

As a result of having to pay back the overpayment did you or will you:

Need to borrow money? Yes No (If yes, explain)

As a result of receiving the overpayment of federal unemployment benefits did you:

Take out a loan or enter into a lease or other contract?

Yes No (If yes, provide the type of loan/contract entered into)

As a result of receiving the overpayment of federal unemployment benefits did you:

Make financial commitments to your disadvantage (e.g., made large purchases that are not refundable)

Yes No (If yes, describe how you relied on the unemployment overpayment)

Would requiring the repayment of the overpayment deprive you of income required to provide for basic necessities (e.g. food, clothing, shelter, medicine, childcare, living expenses)? Yes No

CERTIFICATION AND REQUEST

I certify under penalty of law that all information I have given is true and complete to the best of my knowledge.

I request a waiver of the recovery of my Pandemic Unemployment Assistance, Pandemic Emergency Unemployment Compensation, Federal Pandemic Unemployment Compensation, Mixed Earners Unemployment Compensation and/or Lost Wages Assistance overpayment. I authorize the Department of Workforce Development and the federal government to verify the information provided in my waiver request.

I understand that knowingly making a false statement or representation may result in criminal penalties under state or federal law.

Signature: _____

Instructions

Number of Household Members: Household members are defined as any person who may be claimed as a dependent on one's tax return. A member of the household may qualify one for the dependent exemption. Members of a household include children, spouses, parents, nieces or nephews, and anyone not related to you who has lived at your house for an entire year. Once you calculate the Total Number of Household Members, provide the total number in the space provided on page 1 of your request form.

Dependents	Number
You	1
Spouse	
Children	
Others	
Total Number of Household Members:	

The following tables provide the income and expenses that should be used to report the information required on page 1 of your request form. You do not need to submit the individual amounts. Once you calculate the total gross income and total monthly expenses, provide the total amount in the space provided on page 1.

Total Gross Income: Include the following types of income earned by all Household Members counted above.

Monthly Income	Amount
Gross Salary/Wages	
Spouse Gross Salary/Wages	
Gross Profit (self-employment, business)	
Child Support	
Public Assistance	
Pension/Disability	
Other Income	
Total Gross Monthly Household Income	

Total Monthly Expenses: Include the following types of expenses for all Household Members counted above.

Monthly Expenses	Amount
Housing (e.g., rent/mortgage, homeowner's or renter's insurance, property taxes)	
Utilities (e.g., electric, gas, water, internet)	
Childcare	
Medical Expenses	
Health Insurance	
Transportation (including automobile insurance)	
Debt Payments (e.g., credit card bill, auto loan or student loan payments)	
Total Monthly Household Expenses	