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SOCIAL SECURITY OVERPAYMENTS: REQUEST FOR WAIVER OF OVERPAYMENT RECOVERY

What is an overpayment?

The Social Security Administration (“SSA”) may give you more money than you were supposed to receive. This extra money is called an “overpayment.” Overpayments can happen for many reasons. For example, if you do not tell SSA that you receive money from work or another income source, this causes an overpayment. Likewise, if you don’t tell SSA when your living situation changes, this may also cause an overpayment. For more information on overpayments, please read our handout called “Social Security Overpayments: Request for Reconsideration.”

What does a Request for Waiver of Overpayment do?

You can use this form **SSA-632** to ask SSA to waive (or forgive) your overpayment. You can file this form at any time after SSA says you were overpaid. This means that you can request that the SSA waive your overpayment even if the SSA denies your appeal of the overpayment.

What do I need to show to get SSA to forgive the overpayment?

You must show two things:

- 1) The cause of the overpayment was not your fault, **AND**
- 2) You cannot afford to pay back the overpayment

How do I show that the overpayment was not my fault?

SSA might decide that the overpayment **was not** your fault if you told the SSA promptly about changes in your income or your living situation that caused the overpayment. SSA also might decide that it was not your fault if you had a representative payee at the time that you were overpaid.

SSA is more likely to decide that getting the overpayment **was** your fault if you knew that you were getting too much money and kept it anyway. SSA is more likely to decide that it **was** your fault if you haven’t been honest with SSA in the past.

How do I show that I cannot afford to pay the money back?

If you get SSI checks, SSA already knows that you cannot afford to pay the money back. You do not need to provide them with more information about your income and expenses.

If you get only SSDI checks then SSA will need more information to decide if you can pay. You will have to show proof of your income and your expenses to SSA. Then they will decide if you have money to pay them back.

How do I fill out the form?

Get a copy of the form called “Request for Waiver of Overpayment Recovery or Change in Repayment Rate.” For Question 2, check Box A. Make sure to answer the questions as clearly and completely as you can. A sample form is attached to this handout.

If you get any amount of SSI you only have to fill out the first 3 pages of the form (questions 1-12), and then sign and date page 8 of the form. If you do not get SSI, then you need to fill out all of the pages of the form and sign and date page 8. If you do not know which benefit you are getting you can call SSA and ask.

It is important to be able to prove that you turned in your written request. There are three ways that help prove this:

1. You can bring 2 copies of the filled out form to the SSA office. Ask the SSA to date stamp both copies. Give them one copy. Keep the other copy for your records.
2. Fax the form to Social Security and keep a copy of the form and a fax confirmation printout. Call the SSA office to make sure they got your fax.
3. Send the form by certified mail and request a return receipt. Keep a copy of your form and the return receipt in case SSA loses what you turned in.

SSA denied my waiver request. What else can I do?

You have **65 days** from the date on the denial letter to appeal. The appeal is called a *Request for Reconsideration*.¹ In your appeal, you would argue why you think your waiver should have been approved. Please read our handout called “Social Security Overpayments: Request for Reconsideration” for more information on filing an appeal.

DISCLAIMER: This fact sheet is intended to provide accurate, general information regarding legal rights. It does not constitute legal advice. Because laws and legal procedures are subject to frequent change and differing interpretations, the Mental Health Advocacy Project cannot ensure the information in this fact sheet is current nor be responsible for any use to which it is put. Do not rely on this information without consulting an attorney or the appropriate agency about your rights in your particular case or situation.

¹ 20 C.F.R. § 416.1409