

# CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) REQUEST FOR WAIVER OF OVERPAYMENT RECOVERY - WITHOUT FAULT

NAME OF OVERPAID PERSON	SOCIAL SECURITY NUMBER
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1. Do you believe the overpayment was not your fault and you cannot afford to pay the money back and/or it is unfair for some other reason? .....  YES      NO

2.A. Why did you think you were due the overpaid money? \_\_\_\_\_

B. Why do you think you were not at fault in causing the overpayment or accepting the money? \_\_\_\_\_

3.A. Did you tell us about the change or event that made you overpaid? YES      NO  
If No, why didn't you tell us?

B. If Yes, how, when, and where did you tell us? If you told us by phone or in person, who did you talk with and what was said?

C. If you did not hear from us after your report, and/or your benefits did not change, did you contact us again? ..... YES      NO

4. Have you been overpaid on CAPI before? YES      NO  
If Yes, why were you overpaid before? If the reasons for your previous and current overpayments are similar, explain what you did to try to prevent the present overpayment.

5.A. Do you have any of the overpaid checks or money in your possession (including in a savings or any other type of account)? YES      NO  
If Yes, return the amount in your possession to your county welfare department.

B. Did you have any of the overpaid checks, or their proceeds, in your possession at the time you received the overpayment notice? YES      NO If Yes, explain why you believe you should not have to return this amount.

6. Are you now receiving CAPI, SSI, or other public assistance? YES      NO  
If Yes, what type?

I declare under penalty of perjury under the laws of the State of California that the answers I have given are correct and true to the best of my knowledge.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	DATE
RESIDENCE ADDRESS:	PHONE NUMBER
CITY	STATE      ZIP CODE