



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE



417717812

BREZANOVA, ANDREA  
PO Box 3550  
Nantucket, MA 02584-3550

CLAIMANT ID: 1543770

CLAIM ID: 202201  
March 16, 2023

## APPLICATION FOR OVERPAYMENT WAIVER

Application Date: 3/15/2023

You may apply for a waiver of your overpayment by submitting this form.

### Non-Fault Overpayment Waiver Requested For

Determination Date	Overpayment ID	Principal Balance	Penalty Amount	Accrued Interest	Total Balance
3/14/2023	1876704	\$124.00	\$0.00	NA	\$124.00
3/14/2023	1876702	\$629.00	\$0.00	NA	\$629.00

Waiver determinations are based on Section 69(c) of Chapter 151A of the Massachusetts General Laws and Section 6.00 Title 430 of the Code of Massachusetts Regulations, which states that "overpayment recovery may be waived if the individual is without fault and where recovery would defeat the purpose of benefits otherwise authorized or would be against equity and good conscience".

**The reason for your overpayment will not be the basis for this application being denied unless your overpayment was due to fraud.**

### PART A: Statement of Financial Hardship

**Answer every question.** Enter N/A if the section does not apply; enter 0 if a number is required and you have none. **Your waiver application will not be processed, if it is not completed in full, signed and dated.**  
Complete all questions of the **Statement of Financial Hardship** in order for the agency to consider your request.

Marital status: (check one that most closely identifies)	<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed
Number of dependent children:	n/a
Ages of children:	n/a

	Other dependents: (list and explain circumstances)	
	Employment Status:	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input checked="" type="checkbox"/> Unemployed
	If employed, employer's name and address:	
	If unemployed, last date of employment:	12/03/2022
	If unemployed, last employer's name and address:	Hughes Landscapes, 2 Lewis Ct, Nantucket, MA 02554
	If retired, provide total monthly pension(s):	\$0
	Is your spouse, domestic partner or other individual who contributes to expenses currently: (check one)	<input type="checkbox"/> Employed n/a <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
	If your spouse, domestic partner or other individual who contributes to expenses is employed, employer's name and address:	n/a
	Spouse, domestic partner or other individual who contributes to expenses Social Security Number:	n/a
	Current gross monthly income/salary (before taxes):	0
	If your spouse, domestic partner or other individual who contributes to expenses is unemployed, provide last date of employment:	___/___/___ n/a
	If unemployed, last employer's name and address:	Hughes Landscapes, 2 Lewis Ct, Nantucket, MA 02554
	Gross Monthly Unemployment Benefits:	\$
	If your spouse, domestic partner or other individual who contributes to expenses is retired, provide total monthly pension(s)	\$ n/a
	<b>Is your family currently receiving any government support? (welfare, disability, social security, fuel assistance, VA benefits etc.)</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	If yes, please explain:	n/a

## Part B

**When you return this form, include documentation to support your explanations in this section. Please attach separate sheets, if you require additional space.**

Explain how you spent your Unemployment Insurance (UI) benefits. List any large purchases and/or repayments you made because you received these UI benefits. (for example, the purchase of an automobile, repayment of credit card debt, repayment of loans, etc.)	Rent, groceries, credit card payments
List any benefits or rights to benefits you gave up when you were initially approved for UI benefits. (for example, right to TAFDC, SSI, SSDI, Disability, Fuel Assistance, SNAP/Food Stamps, VA Benefits). If you were denied any assistance, please include your letter of denial if you have one.	n/a
Is there any other information about your inability to pay DUA that you want us to know? List any	Cost of living on Nantucket is high, plus I paid \$400 USD for the course with Salem State University

circumstance(s) that restrict you, your spouse, domestic partner or other individual that contributes to expenses from working full time.	
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### Part C

**Enter a response on every line (except those that say 'Office Entry Only'). You must enter '0' if you do not have a figure to enter- do not leave blank or enter N/A. You may be required to give DUA documents to support your answers.**

<b>Income and Assets</b>	
<b>Use whole dollars</b>	
Gross <b>monthly</b> wage from all jobs including part-time employment (list amounts before deductions)	\$ 0
Spouse, Domestic Partner or Other Individual that contributes to expenses Gross Wages	\$ 0
Social Security Benefits	\$0
Other Pensions	\$0
Unemployment Benefits	\$3,012
<b>List other income</b> (for example, disability, SNAP/ food stamps, TAFDC, fuel assistance, etc.):	0
Other income 1:	\$0
Other income 2:	\$0
Other income 3:	\$0
<b>Office Entry Only Sub-total</b>	\$
<b>Other Monthly Support Received:</b>	0
Child Support	\$0
Alimony	\$0
<b>Office Entry Only Sub-total</b>	\$
<b>Investment Property Receipts:</b>	\$0
Property income: <b>monthly</b> rent received* * including but not limited to: multi family dwelling/apartments/vacation properties	0 \$
<b>Office Entry Only Sub-total</b>	\$
<b>Other Financial Assets (Liquid Assets):</b>	0
Savings	\$0
Checking	\$1,643.20
Money Market	\$0
Certificate of Deposit	\$0
Stocks/Bonds	\$0
Other Liquid Assets	\$0
<b>Other Financial Assets (Non Liquid Assets)</b>	\$
Assessed Value of primary home* *If you rent enter "0". If you own your own home, contact your city/town to obtain its assessed value.	\$ 0 Type text here

Assessed Value of 2nd home* *If you rent enter "0". If you own your own home, contact your city/town to obtain its assessed value.	\$ 0
Other: 401(k)	\$0
IRA	\$0
403(b)	\$0
<b>Office Entry Only Sub-total</b>	\$
Primary Vehicle Make	n/a
Primary Vehicle Year	n/a
Primary Vehicle Model	n/a
Secondary Vehicle Make	n/a
Secondary Vehicle Year	n/a
Secondary Vehicle Model	n/a
List any other vehicles owned and valued (boat, motorcycle, etc.)	n/a
1.	\$0
2.	\$0
<b>Expenses and Liabilities</b>	\$0
<u>Monthly Home and Basic Living Expenses:</u>	
Primary Mortgage or rent per month*/Condo fee *not including property taxes or home insurance	\$ 1,500
Average Food Costs	\$1000
Average Utility Costs (for example, heat, electric, gas, phone, water and sewer, trash pick-up, etc.)	\$ 100
Average Clothing Costs	\$0
Average Work Related Travel Costs (for example, gas, car repair, tolls, other transportation expenses)	\$ 0
Real Estate Taxes (annual divided by 12)	\$0
Home/Renters Insurance (annual divided by 12)	\$0
Non Reimbursed Medical Expenses:	\$0
Child Care	\$0
Other (personal hygiene, household cleaning costs)	\$ 100
<b>Office Entry Only Sub-total</b>	\$
<u>Other Monthly Support Expenses</u>	
Child Support paid	\$0
Alimony paid	\$0
Other Court Ordered payments	\$0
<b>Office Entry Only Sub-total</b>	\$
<u>Monthly Investment Property Expenses:</u>	
Property Expenses:	
Monthly Mortgage	\$0
Monthly Utilities	\$0

	<b>Office Entry Only Sub-total</b>	\$
	<b>Monthly Mandatory Payroll Deductions</b>	n/a
	State Taxes	\$
	Federal Taxes	\$
	Medicare Taxes	\$
	Union Dues	\$
	Wage Garnishment	\$
	FICA	\$
	<b>Monthly Insurance premiums:</b>	n/a
	Health (annual premium divided by 12)	\$
	Auto (annual premium divided by 12)	\$
	Life (annual premium divided by 12)	\$
	Disability (annual premium divided by 12)	\$
	<b>Office Entry Only Sub-total</b>	
	Primary home- total owed (including liens)	\$0
	2nd home - total owed (including liens)	\$0
	<b>Monthly car payments:</b>	\$0
	<b>1st Vehicles</b>	0
	<b>2nd Vehicles</b>	0
	Separately list any other <b>monthly</b> expenses/ liabilities (for example, credit cards, tuition, student/personal loans etc., medical expenses, debt owed etc.)	
	1. \$493 credit card debt with Rockland Trust	\$
	2. \$2,021 Credit with Paypal	\$
	3.	\$
	4.	\$
	<b>Total Expenses</b>	\$

I certify that my answers to the questions on this form are true and correct. I know that the Law provides penalties and/or imprisonment for false statements to obtain benefits and that DUA actively pursues fraudulently collected benefits. I hereby acknowledge that DUA may verify my financial information prior to issuing a decision.

☐ No ☒ Yes

Signature

Date \_\_/\_\_/\_\_

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