

000101002
<00/00/00>

<Client ID# 1234567>

000101003
<Client Name>
<Client Address>
<Client Address>
<Client Address>
<Client Address>

000201000
Dear <A+++++A>

004505001
Our records show that you were overpaid in food assistance benefits. This is called an Overpayment.

004505002 Month/Year	Amount Paid to You	Amount You Should Have Been Paid	Amount Underpaid	Amount Overpaid
004505017 <A00/00A>	<\$B00000.00B>	<\$C00000.00C>	<\$D00000.00D>	<\$E00000.00E>
004505018				

Total:
<\$A00000.00A>

004505003
You got this overpayment because of a mistake that you made. (This is called an Inadvertent Household Error.)

00FF03001
<*Free Form Text*>

000405004
The rules we used to make this decision can be found in the Washington Administrative Code <(WAC) A0000000000A>. You can check these rules online at <<http://slc.leg.wa.gov/wacbytitle.htm>> or view them at your public library reference desk. If you can't find this information, please call our office.

004501009
Each adult member of the assistance unit at the time the overpayment occurred is responsible for the overpayment.

004502004
Household Members Responsible for Repayment

004502005

Client ID

Birthdate

Name

004502012

<A+++++A> <B00000000B> <C00/00/00C>

004505007

If you are still receiving food benefits, we will automatically reduce your benefits by <10%> of the amount you are receiving, or <\$10> a month, whichever is higher.

004501008

Your benefit reduction may begin as early as <A00/00/00A>.

004501006

If you stop receiving food benefits you must contact us within 30 days after your benefits stop to make arrangements to repay any balance of your overpayment. If you don't contact us, we may take other actions to collect the balance on your overpayment.

004505008

If you aren't receiving food benefits you must contact us within <30> days of this letter to make a written agreement to repay. You can repay all at once or make monthly payments. If you don't contact us within <90> days we may:

- Refer your case to the federal government for collection action.
- Garnish your wages.
- Take money from your bank account or other resources.
- File a lien against your property.

You may be responsible for additional processing charges if the overpayment becomes overdue.

You can contact us at:

Toll Free Phone Number: <(800)562-6114 TTY/TDD (800) 833-6388>

Mailing Address:

<Office of Financial Recovery>

<PO Box 9501>

<Olympia, WA 98507-9501>

004501007

We may reduce part or all of the overpayment if we determine you can't repay the balance. To request an overpayment reduction, contact the Office of Financial Recovery. You need to give us proof repayment would be a hardship, such as showing your income is not enough to pay your basic expenses.

000224013

Write your client <ID> on all copies you send us. Your client <ID> is <AXXXXXXXXXXA>.

CT 000201106

Call <A(XXX) XXX-XXXXA> to process an application or review, report changes, or ask questions.

000201010

If you disagree with any of our decisions, you may ask to have the case reviewed. You can also ask for an administrative hearing. Administrative hearing rights are included in this letter.

004505020

You can review and copy our records about the overpayment. To arrange that, please call me.

00FF01002

<*Optional Free Form Text*>

004502013

If you have any questions about the reason for your overpayment or the amount, please call me. If you have any questions about your payment arrangements, please call <OFR> at <1-800-562-6114, TTY/TDD 1-800-833-6388>, Language Interpreter <1-800-452-2334>.

CT 000201013

<Case Worker Name>

<Case Worker Phone Number>

<Email>