

CARES Act Overpayment Waiver Questionnaire

Part I: Personal Information

First Name: Click or tap here to enter text. Last Name: Click or tap here to enter text.

Last 4 Digits of Social Security Number: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Click or tap here to enter text.

Residence Address: Click or tap here to enter text.

Click or tap here to enter text.

Home Phone: Click or tap here to enter text. Cell Phone: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Check this box if your contact information has changed since you last filed for Unemployment Insurance benefits.

Part II. Financial Hardship

Section A: Complete this section if you believe that repayment of the federal CARES Act overpayment would create a financial hardship. The Department will consider the circumstances surrounding the overpayment and your stated personal financial circumstances.

Are you a recipient of additional federal or state economic assistance? If yes, please check all that apply:

SNAP TANF LIHEAP MEDICARE MEDICAIDE SSI SSDI

OTHER(S) or if you are not sure, please explain: Click or tap here to enter text.

Click or tap here to enter text.

**** You must provide proof of receipt of the benefits you indicated you are receiving. ****

If you checked any of the boxes “Yes” in section A, please stop, sign, date, and certify your responses.

Signature (type in your full name): Click or tap here to enter text. **Date**: Click or tap here to enter text.

I certify that the information I provided is true and correct to the best of my knowledge and belief, and that I understand that the law provides penalties for making false statements or misrepresentations.

**** If you are not receiving additional assistance of any kind, proceed to Section B. ****

Part II., Section B

Complete this section if you wish the Department to consider your gross monthly household income. Your CARES Act overpayment may be waived, if your gross monthly income is equal to or less than 185% of the federal poverty level based on household size. These figures are from the State of Vermont, Division of Economic Services. Please refer to the amounts under 185% FPL (SF & VGS).

Vermont Fuel and Utility Programs

Income Guidelines 2022-23

(Effective 3/1/22-2/28/23)

# in HH	150% FPL (GMP)	185% FPL (SF & VGS)	200% FPL (Crisis)
1	\$1,700	\$2,096	\$2,266
2	\$2,289	\$2,823	\$3,052
3	\$2,879	\$3,550	\$3,838
4	\$3,470	\$4,279	\$4,626
5	\$4,059	\$5,006	\$5,412
6	\$4,649	\$5,733	\$6,198
7	\$5,240	\$6,462	\$6,986
8	\$5,829	\$7,189	\$7,772
9	\$6,419	\$7,916	\$8,558
10	\$7,008	\$8,643	\$9,344

For SF & VGS add per additional person \$727

Part II., Section B. Continued – Affidavit of Current Income and Living Expenses

Include any temporary or permanent or long-term employment, and self-employment if applicable, regardless of where the work is performed or how long you worked.

Are you currently: Employed Unemployed Retired

If employed, do you work: Full Time Part Time On Call

How many hours do you work each week: Click or tap here to enter text.

If unemployed, last date of employment: Click or tap here to enter text.

If retired, date of retirement: Click or tap here to enter text.

Do you own or rent your home? Rent Own

Other (explain): Click or tap here to enter text.

Monthly Gross Income. Include information for you and your spouse (or domestic partner), or other individual(s) who contributes to the household. Enter a response on every line. Enter a zero (0) if there is no figure to enter or if your household does not receive the source of income.

Wages from Employment: Click or tap here to enter text.

Social Security: Click or tap here to enter text.

Pension and/or Retirement: Click or tap here to enter text.

Severance: Click or tap here to enter text.

Workers Compensation: Click or tap here to enter text.

Disability: Click or tap here to enter text.

Unemployment Insurance: Click or tap here to enter text.

Alimony: Click or tap here to enter text.

Child Support: Click or tap here to enter text.

Other Income, please explain: Click or tap here to enter text.

Please provide copies of your household’s proof of income. This includes, but is not limited to, two (2) most recent paystubs, payroll deposits, monthly invoices for self-employment income, income statements or printouts, or income verification letter.

Monthly Expenses. Enter a response on every line. Enter zero (0) if there the expense does not apply to your household.

- Mortgage/Rent: Click or tap here to enter text.
- Water: Click or tap here to enter text.
- Gas: Click or tap here to enter text.
- Electric: Click or tap here to enter text.
- Cable/Internet: Click or tap here to enter text.
- Medical/Dental: Click or tap here to enter text.
- Telephone: Click or tap here to enter text.
- Transportation (car payment, gas, bus, etc.): Click or tap here to enter text.
- Food: Click or tap here to enter text.
- Child Care: Click or tap here to enter text.
- Student Loan(s): Click or tap here to enter text.
- Home/Renter’s Insurance: Click or tap here to enter text.
- Auto Insurance: Click or tap here to enter text.
- Health Insurance: Click or tap here to enter text.
- Life Insurance: Click or tap here to enter text.
- Court Ordered Child Support: Click or tap here to enter text.
- Other Expenses Not Listed: Click or tap here to enter text.

Part III. Health Conditions of you and/or your Family:

Only complete this section if you believe your prospects of employment are severely limited as a result of physical or mental disability, overall poor health, or any other circumstance that would be detrimental to securing or maintaining employment. If additional space is needed for child/other dependent information, please send attachments.

Family Member	Health Condition	Explanation
Self	Click or tap here to enter text.	Click or tap here to enter text.
Spouse/Domestic Partner	Click or tap here to enter text.	Click or tap here to enter text.
Child	Click or tap here to enter text.	Click or tap here to enter text.
Other Dependent (Must reside in the same household).	Click or tap here to enter text.	Click or tap here to enter text.

I certify that the information I provided is true and correct to the best of my knowledge and belief, and that I understand that the law provides penalties for making false statements or misrepresentations.

Signature (type in your full name): Click or tap here to enter text. **Date** Click or tap here to enter text.

Please Note: Your application will not be considered complete if the box above is unchecked, and/or if you do not fill out sections completely. You may email or mail your completed application to the address shown above.