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| state of WISCONsin  Department of CHILDREN AND FAMILIES  Division of Family and Economic Security | **OP** |

**WISCONSIN WORKS (W-2) REPAYMENT AGREEMENT**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

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| Case Name | Case Number | PIN |
| Date | Agency Representative Name | Amount $ |

**Complete and sign this form below. Return the form no later than \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ to:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

You received notice of a W-2 overpayment. You are responsible to repay overpayment claims for W-2 which may include Child Care overpayments. Payment is due in full at the agency listed above by \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_. If you are unable to pay the amount in full before that date, you may make installment payments by completing and returning this agreement to the agency listed above. YOUR FIRST MONTHLY INSTALLMENT MUST ACCOMPANY THIS REPAYMENT AGREEMENT. Signing this Repayment Agreement does not preclude you from being referred to the tax offset program.

If your overpayment balance is under $500.00, you are required to pay monthly installments of at least $50.00 per month. If your overpayment balance due is over $500.00 you are required to pay equal monthly installments and have your balance paid in full within three years.

If you are unable to make these arrangements, call 1-800-943-9499, or the local agency listed above to negotiate a payment agreement.

If you have a previous agreement with the District Attorney’s Office or a court ordered amount, continue to repay according to the agreed upon amount. You are still required to sign this agreement and return it to the agency listed above.

Please see your notice for specific information regarding the overpayment, automatic reduction of benefits, and your right to a fair hearing for Child Care overpayments or a fact finding review for W-2 overpayments.

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| **Terms:**  I am returning this repayment agreement with my payment of the entire amount of the overpayment.  I agree to repay $\_\_\_\_\_\_\_\_\_\_\_\_ of the overpayment in monthly installments. I am returning this signed agreement with my first installment.  If there is a change in your financial situation, the terms of this agreement may be renegotiated. Please contact the agency listed above to renegotiate your repayment agreement. If your case is open, your monthly payment will be reduced to collect the overpayment.  Failure to complete the repayment agreement or make scheduled payments may result in further collection actions including, but not limited to any of the following:   1. Referral to a credit bureau or collection agency 2. Referral to Federal or State Tax Offset programs   3. Wage garnishment  4. Issuance of warrant which will be considered a final judgment constituting a perfected lien upon debtor’s right, title and interest in all real and personal property  5. Issuance of a levy, which may be issued against your personal property held by third parties such as your wages and bank accounts  The terms of this agreement are based on your current eligibility for assistance. |

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| Claim Number | Overpayment Period | Outstanding Balance | |
| Participant’s Signature | | | Date Signed |
| Participant’s Spouse’s Signature | | | Date Signed |

**RETAIN COMPLETED FORM IN CASE RECORD**

DCF-F-DES10790 (R. 06/2011)