

### FOOD STAMP REPAYMENT AGREEMENT

NOTICE DATE: _____		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE _____ _____		
CASE NUMBER _____	CIN NUMBER _____	GENERAL PHONE NO. FOR QUESTIONS OR HELP _____  OR Agency Conference _____  Record Access _____  Legal Assistance information _____		
CASE NAME (And C/O Name if Present) AND ADDRESS <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div>				
OFFICE NO. _____	UNIT NO. _____	WORKER NO. _____	UNIT OR WORKER NAME _____	PHONE NO. _____

Case Payee's SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

You were notified that you had a food stamp overpayment(s) due to the reason(s) below. You must repay us.

- AGENCY ERROR     
  INADVERTENT HOUSEHOLD ERROR     
  INTENTIONAL PROGRAM VIOLATION

**1. Active Food Stamp Case - You must repay us per 18 NYCRR 387.19.**

You were notified that a recoupment will be taken from your food stamp benefits. If you want to pay more than your Recoupment towards your overpayment(s), check (☑) the way(s) you would also like to repay:

1. EBT Food Stamp Account - Please take:
- Everything in my EBT Food Stamp Account, up to the amount of my overpayment(s).
  - \$ \_\_\_\_\_ from my EBT Food Stamp Account, up to the amount of my overpayment(s).
2. Other\* (specify) \_\_\_\_\_ (\*we will contact you to discuss that payment plan.)

**2. Closing or Closed Food Stamp Case - You must repay us per 18 NYCRR 387.19.**

Check (☑) the way(s) you would like to repay:

1. EBT Food Stamp Account - Please take:
- Everything in my EBT Food Stamp Account, up to the amount of my overpayment(s).
  - \$ \_\_\_\_\_ from my EBT Food Stamp Account, up to the amount of my overpayment(s).

I understand that if there is not enough in my EBT Food Stamp account to pay all of my overpayment(s), I must also check (☑) another box below for other ways to repay.

- 2. All at once\*
- 3. Part now, the rest in monthly payments\*
- 4. Monthly payments \*

\*If you check box 2, 3 or 4, we will contact you to discuss your payment plan. \_\_\_\_\_

See the back of this notice for automatic collection information on unpaid overpayments.

Your Address (if different than above): \_\_\_\_\_

Your Phone Number Or Where We Can Reach You ( \_\_\_\_\_ ) \_\_\_\_\_

**Signature** of head of household \_\_\_\_\_ **Date** \_\_\_\_\_

If your household's financial circumstances change, you may contact us at the phone number above to renegotiate your repayment agreement. If you have any questions, please call us.

**RETURN THIS FORM TO US AT THE ABOVE ADDRESS**

Accounting Use Only - FS Repayment 01

Date Entered on Admin Screen /
 /
  Transaction Amount \$ 
 , .

Entered by: \_\_\_\_\_ Date Verified /
 /

Name:	Address:	Case Number:
-------	----------	--------------

## **Warning!**

Even if you are no longer getting food stamp benefits, you must repay us, according to 18 NYCRR 387.19.

If you fail to sign and return this agreement or fail to make your required repayments, this overpayment will be referred for collection in a number of ways, including automated collection by the federal government. Federal benefits (such as Social Security) and tax refunds that you are entitled to receive may be taken to pay back the overpayment. The debt will also be subject to processing charges. Also, if you get restored or new food stamp benefits in the future, we will reduce those benefits to pay back this overpayment. This is based on 31 CFR 285.