

SECTION II-YOUR FINANCIAL STATEMENT

NAME: Lisa Flax
 SSN: 157-54-2768

You need to complete this section if you are asking us either to waive the collection of the overpayment or to change the rate at which we asked you to repay it. Please answer all questions as fully and as carefully as possible. We may ask to see some documents to support your statements, so you should have them with you when you visit our office.

EXAMPLES ARE:

- Current Rent or Mortgage Books
- Savings Passbooks
- Pay Stubs
- Your most recent Tax Return
- 2 or 3 recent utility, medical, charge card, and insurance bills
- Cancelled checks
- Similar documents for your spouse or dependent family members

Please write only whole dollar amounts-round any cents to the nearest dollar. If you need more space for answers, use the "Remarks" section at the bottom of page 7.

8. A. Do you now have any of the overpaid checks or money in your possession (or in a savings or other type of account)? Yes Amount:\$ _____
 No Return this amount to SSA

B. Did you have any of the overpaid checks or money in your possession (or in a savings or other type of account) at the time you received the overpayment notice? Yes Amount:\$ _____
 No Answer Question 9.

9. Explain why you believe you should not have to return this amount.
I was unaware Glenn was frauding the system. I am a single mom of 3 children with stage 4 cancer who is a special education teacher, I can not afford to payback this money due to fraud

ANSWER 10 AND 11 ONLY IF THE OVERPAYMENT IS SUPPLEMENTAL SECURITY INCOME (SSI) PAYMENTS. IF NOT, SKIP TO 12.

10. A. Did you lend or give away any property or cash after notification of the overpayment? Yes (Answer Part B)
 No (Go to question 11.)
 B. Who received it, relationship (if any), description and value: When it was for child support.

11. A. Did you receive or sell any property or receive any cash (other than earnings) after notification of this overpayment? Yes (Answer Part B)
 No (Go to Question 12.)
 B. Describe property and sale price or amount of cash received:

12. A. Are you now receiving cash public assistance such as Supplemental Security Income (SSI) payments? Yes (Answer B and C and See note below)
 No
 B. Name or kind of public assistance C. Claim Number

IMPORTANT: If you answered "YES" to question 12, DO NOT answer any more questions on this form. Go to page 8, sign and date the form, and give your address and phone number(s). Bring or mail any papers that show you receive public assistance to your local Social Security office as soon as possible.