

OVERPAYMENT COMPROMISE REQUEST FORM

DES Account Number: _____ AZTECS Number: _____

You can request an overpayment compromise (reduction) at any time which would decrease the current balance of your overpayment. DES may reduce up to the full balance of an overpayment claim, if it can be reasonably determined that a household's economic circumstances dictate that the claim will not be paid within three years. Monthly payments are still required during the compromise request process.

To request a compromise of your overpayment, review this Compromise Request Form, sign and return it to the DES Overpayment Unit by any of the following:

- US mail: DES-Family Assistance Administration – Mail Drop 33S4
 P.O. Box 19009
 Phoenix, AZ 85005-9009
- FAX: 602-774-9262 or toll-free 833-709-0827
- Email to: FAAOPUNIT@azdes.gov
- Visit: Any DES Family Assistance Administration office and request assistance for contacting the Overpayment Unit.
- Telephone: The DES Overpayment Unit at 602-774-9277 or toll-free at 877-248-0627 if you have any questions about the overpayment compromise or to file a request for compromise over the phone.

By my signature, I acknowledge that I have read the information above and I am requesting a compromise for my Nutrition Assistance benefit overpayment. I understand that monthly payments are still required during my request for a compromise.

Printed Name: _____

Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**
 Food and Nutrition Service, USDA
 1320 Braddock Place, Room 334
 Alexandria, VA 22314; or
2. **fax:**
 (833) 256-1665 or (202) 690-7442; or
3. **email:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.