

## OVERPAYMENT COMPROMISE REQUEST FORM

DES Account No. \_\_\_\_\_

AZTECS No. \_\_\_\_\_

You can request an overpayment compromise (reduction) which would decrease or possibly remove the balance of your overpayment. DES may reduce up to the full amount 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.

To request a compromise of your overpayment, check the box below 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.

I am requesting a compromise in the overpayment amount.

I understand that monthly payments are still required during my request for a compromise.

*By my signature, I acknowledge that I have read the information above and I am requesting a compromise for my Nutrition Assistance benefit overpayment.*

Printed Name: \_\_\_\_\_

Address (No., Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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 • Free language assistance for DES services is available upon request. Disponible en español en línea o en la oficina local.