[DATE]

Nebraska Department of Health and Human Services

ATTN: Issuance and Collection Center (ICC)

PO Box 95026

Lincoln, NE 68509

To Whom It May Concern:

My name is [NAME - as it appears on letters from DHHS] and I am writing to request a reduction in my SNAP overpayment. My mailing address is [address]. My phone number is [phone #]. For reference, my Master Case number is [# in the top left hand corner of the Demand Letter from DHHS] and my account number is [# in the first paragraph of the Demand Letter from DHHS - if they didn’t include one, that’s ok, just delete this].

I cannot pay my overpayment within three years because doing so would cause increased financial hardship to my household. Nebraska’s SNAP regulations, at [475 NAC 4-007.04(C)(i)](https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-475/Chapter-4.pdf), state: “The Department *will compromise* an accounts receivable or a portion of an accounts receivable if it is reasonably determined that a household’s economic circumstances dictate that the accounts receivable will not be paid in three years[.]” [emphasis added]

The total account balance of [$ amount of account balance - see the Demand Letter from DHHS to find this amount, or the most recent account statement] as noted on the [date the Demand Letter was sent, or date of the most recent account statement] Demand Letter/Account Statement would require a monthly payment of [amount of the account balance divided by 3, then divided again by 12 - for example, an account balance of $3,000 would require a monthly payment of $83.33] in order to pay in full in three years. I do not have an extra [$ amount - same as the account balance divided as described above] each month. My current monthly income is approximately [$ amount of monthly income], and my current monthly expenses are approximately [$ amount of monthly expenses - see financial worksheet], as outlined in the attached document.

I am [age, household size, source of income]. [Say more about yourself, your household, your current financial situation, why repaying the SNAP overpayment would be a financial hardship. It is ok to keep this short, just one or two sentences.]

**As stated previously, I cannot repay this overpayment because doing so would cause increased financial hardship to my household.** Paying the total account balance would be [Describe the impact on your household, in your own words. If you were talking to a friend about how you feel about making these payments, how would you put it? This doesn’t need to be long - just one or two words, or a short sentence.], even at the rate of [$ above - same as the account balance divided as described above] per month over the course of the next three years. **I respectfully request that the Department reduce the amount of my SNAP overpayment to $0, to avoid increased financial hardship to my household.**

I look forward to discussing this request with you, and would be happy to provide further information if needed. I can be reached via email at [insert your email address, if it is ok for DHHS to contact you by email] or by phone at [insert your phone number, if it is ok for DHHs to contact you by phone].

Sincerely,

[your full name]

ENCL: Financial Summary

**FINANCIAL SUMMARY –** [insert your full name, as it appears on letters from DHHS about your SNAP benefits. Also include your Master Case number and account number (see the Demand Letter).]

1. The value of my current assets is approximately:

Cash $

Checking Account $

Savings Account $

2. My current monthly living expenses are approximately:

Rent $

Utilities $

Groceries $

Car loan $

Gasoline for vehicle $

Medical $

Phone Payments $

Internet $

Pet care $

Credit Card Bills $

Other necessities $

TOTAL $

3. My other debts are approximately:

Credit card debt $

Medical debt $

Personal debt $

4. My monthly source of income is approximately:

Employment $

Other $