

EXAMPLE: NOTICE OF OVERPAYMENT - Page 1
Unintentional Program Violation (UPV) & Agency Error (AE)

DTA – Collections
P.O. BOX 120048
BOSTON, MA 02112-0048

Reserved for DMC Code

Massachusetts Department of Transitional Assistance

JANE CARDHOLDER
XXX MAIN STREET
ANYTOWN, MA XXXXX

Agency ID: 9999999
Obligation Number: 9999999
Account Number: 99999999
Date: 99/99/9999

Action Required
Notice of Overpayment

You (or someone in your household) were overpaid in Transitional Aid to Families with Dependent Children (TAFDC) benefits from 06/2019 to 09/2019. The amount you must pay is \$400.

Amount You Actually Received	Amount You Should Have Received	Overpayment Amount	Amount You Must Pay
\$800	\$400	\$400	\$400

For an explanation of the **Amount You Must Pay**, please see the attached Overpayment Calculation Summary.

If you have questions about this notice, please call the DTA Collections Unit at **800-462-2607**.

What You Must Do Next:

Included with this Notice of Overpayment is a Repayment Agreement form for each overpayment listed above. The Repayment Agreement form will tell you about different ways to repay your benefits.

The Repayment Agreement form **must be signed and returned by 99/99/9999**. Mail or fax the completed form to:

DTA – Collections
P.O. Box 120048
Boston, MA 02112-0048
Fax: 617-889-7846

If you send us the completed and signed Repayment Agreement form, you can still appeal this overpayment until 99/99/9999. See below for more information about how to appeal. It is best to keep a copy of your completed Repayment Agreement form for your records.

Since you are currently receiving cash benefits, we will reduce your benefits by **XX%** of the maximum benefit for your household per month. We will use this amount to repay your overpayment. This decrease may take place by your next benefit date.

If you stop getting DTA benefits, you must still repay the overpayment. Your first payment will be due 31 days from when your benefits end. We will send you a new Repayment Agreement and begin sending you bills when your case closes.

EXAMPLE: OVERPAYMENT DEMAND NOTICE – Page 1
Intentional Program Violation (IPV)

DTA – Collections
P.O. BOX 120048
BOSTON, MA 02112-0048

Reserved for DMC Code

Massachusetts Department of Transitional Assistance

JOHN CARDHOLDER
XXX MAIN STREET
ANYTOWN, MA XXXXX

Agency ID: 9999999
Obligation Number: 9999999
Account Number: 99999999
Date: 99/99/9999

Action Required
Overpayment Demand Notice

You or someone in your household was overpaid in Supplemental Nutrition Assistance Program (SNAP) benefits from July 2023 to March 2024. The amount you must pay is \$400.

The DTA Division of Hearings held an Administrative Disqualification Hearing (ADH) and a Fair Hearing at the same time. As a result of that hearing, DTA decided that a member of your household made an Intentional Program Violation (IPV). The written decision for this hearing was sent to you.

Amount You Actually Received	Amount You Should Have Received	Overpayment Amount	Amount You Must Pay
\$2400	\$2000	\$400	\$400

For an explanation of the **Amount You Must Pay**, please see the attached Overpayment Calculation Summary.

If you have questions about this notice, please call the DTA Collections Unit at **800-462-2607**.

What You Must Do Next:

Included with this Demand Notice is a Repayment Agreement form for each overpayment listed above. The Repayment Agreement form will tell you about different ways to repay your benefits.

The Repayment Agreement form **must be signed and returned by 99/99/9999**. Mail or fax the completed form to:

DTA – Collections
P.O. Box 120048
Boston, MA 02112-0048
Fax: 617-889-7846

It is best to keep a copy of the signed Repayment Agreement for your records. Since you are currently receiving SNAP benefits, we will reduce your benefits by **XX% or \$XX** per month, whichever is greater. We will use this amount to repay your overpayment. This decrease may take place by your next benefit date.

EXAMPLE: OVERPAYMENT CALCULATION SUMMARY – Page 3

Overpayment Calculation Summary

Program: TAFDC
Overpayment Type: Unintentional Program Violation

Overpayment Reason: Income not Reported
Dates: 06/2019 to 09/2019

Amount Received: \$800
Amount You Should Have Received: - \$400
Overpayment Amount: = \$400

Amount You Must Pay: = \$400

Program:	Program(s) impacted
Dates:	Date(s) of overpayment
Amount Received:	Monthly benefit amount received during this time
Amount You Should Have Received:	Monthly benefit you should have received during this time
Overpayment Amount:	The amount you were overpaid during this time
Adjustment:	Special payments applied to your account
Expungement:	Unused benefits applied to your account
Adjusted Overpayment Amount:	Account balance after adjustment(s) and expungement
Ineligible Recoupment:	Additional owed balance
Amount You Must Pay:	Final overpayment amount you must pay