**County of null - Administrative Services**

Phone: (916) 851-3175

## Worker Name: Worker ID:

**TES~~T~~**

**Worker Phone Number: Date:**

**Case Name:**

**Case Number:**

**Overpayment Letter**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Amount Due: $

Your worker told our department that you received too much <program name> and have a cash overpayment.

On \_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_ County sent you a notice stating that you were overpaid $\_\_\_\_\_\_\_ in benefits.

Please call our office within 10 days of getting this letter. We will work with you so you can pay back the money you owe. Payments should be made to:

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If you have any questions or are currently receiving aid in any county, please contact this county at \_\_\_\_\_\_\_\_\_\_\_\_.

Your prompt response will be appreciated.

Print

(07/2020)

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