

Iowa Department of Health and Human Services
Notice of Rent Reimbursement Overpayment

Date:

Account Number:

Keep this part

If you have questions about repayment, call **1-800-572-3945** (toll free). If you have questions about the establishment of this claim, call the Rent Reimbursement Unit at 515-420-6077.

Our records show that you owe money to the Department of Health and Human Services (HHS). The reason is checked below. The amount that you owe is \$

1. A mistake by you that gave you money in error. 2. A mistake by HHS that gave you money in error.

Step 1: Decide

What You Need to Do

- If you **agree** that an overpayment has been made: 1. Fill out the repayment agreement below. 2. Make sure you sign and date the agreement. 3. Using the enclosed envelope return the agreement within 30 days.
- If you **do not agree** that you owe HHS money or if you do not agree with the amount, you may appeal within **30 calendar days** of the date on the first overpayment notice sent to you. Your appeal rights are explained on the back of this letter.

Step 2: Choose a Payment Plan

Plan 1: Pay the full amount in one payment.

Plan 2: Make monthly payments.

Plan 3: Pay part of what you owe now and pay the rest in monthly payments.

Monthly Payments: If you choose Payment Plan 2 or 3, your monthly payments cannot be less than the amount you owe divided by 24 (one monthly payment for two years). However, any balance owed will be withheld from future Rent Reimbursement payments, regardless of whether or not you are on a Payment Plan. You can pay the entire amount at any time.

NOTE: If your household's income changes, you may ask to change this agreement.

Step 3: Fill Out and Mail the Agreement to Pay – Remember to:

- Fill in all the blanks.
 - Choose a payment plan.
 - Sign and date the form.
- Mail the form to:
Iowa Department of Inspections, Appeals, and Licensing
Public Assistance Debt Recovery Unit
6200 Park Ave, Suite 100
Des Moines, Iowa 50321-1371

After we get your signed agreement, you will get a bill with instructions on how to make payments.

Agreement to Pay

Mail this part

Case Name:

Account Number:

I, _____, agree to pay HHS by:
(First Name, Middle Initial, and Last Name)

- Plan 1:** Pay the full amount in one payment
- Plan 2:** Make monthly payments of \$_____ per month, Starting (date) _____
- Plan 3:** Pay \$_____ now and pay the rest in monthly payments of \$_____ per month

By signing this agreement, I understand that:

- If I choose Payment Plan 2 or 3, my monthly payments cannot be less than the amount I owe divided by 24 (one monthly payment for two years).
- Any balance I owe will be withheld from future Rent Reimbursement payments, whether or not I am on a Payment Plan.
- I can pay the balance off at any time.
- If I sign this agreement and do not follow the terms, it will break the contract and action may be taken against me.

Signature

Phone

Date

For Office Use Only:

Signed:

Date:

Title:

Actions to Collect the Debt

A debt was made because you were not eligible. The debt has been referred to the Department of Inspections, Appeals, and Licensing (DIAL) for collection. DIAL will collect on this debt by doing one or more of the following:

- Bill you for the debt.
- If you gave wrong information on purpose or kept information from HHS to get more money than you were eligible for, your case can be referred for a criminal investigation.
- Take money from your future Rent Reimbursement claims.

You Have the Right to Appeal An appeal is a request for a hearing regarding a decision made by the Iowa Department of Health and Human Services (HHS). You have the right to file an appeal if you disagree with a decision. You don't have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

You can appeal in person, by telephone or in writing for the Rent Reimbursement Program. To appeal in writing, you must do one of the following:

- Complete an appeal electronically at <https://hhs.iowa.gov/appeals>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county HHS office.

Send or take your appeal to HHS, Appeals Section, 321 E. 12th St., Des Moines, IA 50319 1002. If you need help filing an appeal, ask your county HHS office. You or someone else, such as a friend or relative, can tell why you disagree with the HHS decision. You may also have a lawyer help you, but HHS will not pay for one. Your county HHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1 800-532-1275. If you live in Polk County, call 243-1193.

How long do I have to appeal? You must file an appeal within 30 calendar days of the date of a decision or before the date a decision goes into effect. If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing. If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

How will I know if I get a hearing? You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

You Will Not Be Discriminated Against It is the policy of the Iowa Department of Health and Human Services (HHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status. If you feel HHS has discriminated against or harassed you, please send a letter detailing your complaint to: HHS, Bureau of Human Resources, 321 E. 12th St., Des Moines, IA 50319-1002 or via email inclusion@dhs.state.ia.us