

# UNDUE HARDSHIP WAIVER – INCOME PRODUCING PROPERTY REQUEST FORM

Do not leave any blank spaces. If the question does not apply, write not applicable (n/a). If we do not have the documentation to review this waiver request within sixty (60) days from receipt of this waiver form, we will submit this recovery to an attorney in the county where the client resided to handle as an unadministered estate.

<b>DECEDENT'S NAME:</b>	
<b>DECEDENT'S SOCIAL SECURITY NUMBER:</b>	
<b>DECEDENT'S DATE OF BIRTH:</b>	
<b>CLIENT INFORMATION SYSTEM (CIS) NUMBER: (if known)</b>	
<b>DECEDENT'S PROPERTY ADDRESS:</b>	
	(CITY, STATE, ZIP CODE)
<b>COUNTY WHERE DECEDENT'S PROPERTY IS LOCATED:</b>	
<b>FORM COMPLETED BY:</b>	
<b>NAME:</b>	
<b>RELATIONSHIP TO DECEDENT:</b>	
<b>ADDRESS:</b>	
	(CITY, STATE, ZIP CODE)
<b>TELEPHONE NUMBER:</b>	(            )
<b>INDIVIDUAL REQUESTING WAIVER:</b> (if same as above, do not complete)	
<b>RELATIONSHIP TO DECEDENT:</b>	
<b>ADDRESS:</b>	
	(CITY, STATE, ZIP CODE)
<b>TELEPHONE NUMBER:</b>	(            )

**THE DEPARTMENT WILL MAKE THE DECISION WHETHER TO GRANT THE WAIVER  
AFTER ALL OF THE FOLLOWING CONDITIONS ARE MET:**

**INCOME PRODUCING ASSET** (Examples would be a family farm or family business, etc.)

1. Is the income producing asset the primary source of income for the household? Yes \_\_\_\_\_ No \_\_\_\_\_
2. What was the family's gross income generated by the income producing asset in the year preceding the death of the decedent? Please provide two documents indicating the family's gross income generated by the family's income producing asset. For example: W-2 forms, Federal and State Income Tax Returns, 1099 forms, etc.
3. Excluding the income producing asset, what was the family's gross income in the year preceding the death of the decedent? Please provide documentation. For example: W-2 forms, Federal and State Income Tax Returns, 1099 forms, etc.

**OTHER INFORMATION**

Please provide any other information you feel may be important to the department in order to make its decision.

**ACKNOWLEDGEMENT:**

**I ACKNOWLEDGE THAT THE INFORMATION I HAVE SUPPLIED ON THIS FORM IS SUBJECT TO THE PENALTIES SET FORTH IN 18 Pa.C.S.A. §4904 (relating to unsworn falsification to authorities)**

**SIGNATURE**

**DATE**

**SEND ALL CORRESPONDENCE TO:**

**DEPARTMENT OF HUMAN SERVICES  
DIVISION OF THIRD PARTY LIABILITY  
ESTATE RECOVERY PROGRAM  
P.O. BOX 8486  
HARRISBURG, PA 17105-8486**

**FACSIMILE#: (717) 772-6553**

**ESTATE RECOVERY HOTLINE: 1-800-528-3708**