

Acknowledgement of Overpayment



Case No. _____

I/We _____ and _____

of my/our own free will acknowledge that I/we owe the Province of Manitoba, Jobs and the Economy, Employment and Income Assistance, the sum of \$ _____ due to my/our receiving an overpayment of income assistance from the said Department during the period of _____ to _____.

I/We further acknowledge that this overpayment was caused by:

during the aforementioned period.

I/We promise to repay the said Department the sum of \$ _____

DATED AT _____ THIS _____ DAY OF _____ 20____.
(City or Town)

WITNESS _____ SIGNED _____
(Applicant)

(Spouse, if applicable)

NOTE: Please indicate your case number on the back of your cheque or money order to ensure that payment is credited to your account.

Cheques or money orders are to be made payable to the Minister of Finance and mailed to:

MANITOBA JOBS AND THE ECONOMY

Address: _____

