## LIVING QUARTERS ELIGIBILITY QUESTIONAIRE

(See Privacy Act and Paperwork Reduction Act Statements on the back)

OMB Control Number: XXXX-XXXX Expiration Date: XX/XX/20XX

## **INSTRUCTIONS**

Living quarters allowance (LQA) is provided to reimburse employees for suitable, adequate living quarters at posts where the U.S. Government does not provide quarters. LQA may be used to pay for rent, utilities, taxes, and related fees (see the Department of State Standardized Regulations at DSSR 130 for a complete listing).

LQA is a discretionary housing allowance granted to candidates recruited in the United States or outside the U.S. under certain circumstances. It is not an entitlement.

Not all job candidates are eligible to receive LQA and not all existing LQA recipients are eligible for continuation of LQA upon appointment to a different agency.

All applicants complete Section A. Members of the Uniformed Service complete Section B. Current civilian employees living overseas must complete Section C.

Job candidates currently living in the Continental United States (CONUS), Alaska, Hawaii, or U.S. territories or possessions do not have to complete this form.

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SECTION A - ALL JOB CANDIDATES									
First Name	Last Name	ame		Middle Initial Ema		Emai	il Address		
Postal Mailing Address		Permanent Address (if different		erent)	Work Addre		988		
Federal Agency or Military Component									
SECTION B - UNIFORMED SERVICES JOB CANDIDATES (Attach a copy of your most recent DD-214 - Report of Transfer or Discharge)									
Place of Entry into Current Active into Active Service (Item 22 from DD-214)  Home of Record at into Active Service (Item 23 from DD-214)		•		Dischar	ation at the Time of scharge em 11b from DD-214)		Separation Date from Uniformed Service (Item 11b from DD-214)		
Do you have Military Permanent Change of Station (PCS) orders, or other documentation, to demonstrate an intent to return to the U.S? $\square$ YES $\square$ NO									
Following the date of military separation, have you had other subsequent employers, such as local employment or employment with U.S. firms (e.g., as a contractor)?									
SECTION C - CIVILIAN JOB CANDIDATES									
Date of First Arrival at Foreign Post (dd/mm/yyyy)			Expiration Date of Return Transport Agreement (dd/mm/yyyy)						
Is your spouse or domestic partner a member of the uniformed services who is receiving a Basic Allowance for Housing under the United States Code at 37 U.S.C. § 403 and/or an Overseas Housing Allowance YES NO (37 U.S.C. § 405)?									
What is the applicant's actual place of residence in the United States? (Authority: DSSR 031.11)									
City			County						State
For overseas applicants, if your current actual place of residence is in a foreign area, is that foreign residence fairly attributable to only your work relationship with the U.S. Government (civilian or military) or is it due instead to personal reasons? (Authority: DSSR 031.12a)									
My foreign place of residence is fairly attributable only to my work with the U.S. Government.									
My foreign place of residence is instead primarily due to personal reasons.									

For overseas applicants, what type of employer did y Check all that apply. (Authority: DSSR 031.12b)	ou previously have before applying to the position	n at GSA?				
☐ The United States Government, including its Arm	ned Forces;					
A United States firm, organization, or interest;						
An international organization in which the United	States Government participates; or					
A foreign government						
For overseas applicants, while overseas, did you have <b>Note</b> : The U.S. Government is considered a single edepartments or agencies. (Authority: DSSR 031.128)	employer, military or civilian, regardless of transfe	rs between				
☐ I had just one single employer while overseas.						
I have had multiple employers while overseas (e.g., U.S. Government, a U.S. firm as a contract employee, appointment to the United Nations, etc.)						
SECTION D - CHE	CKLIST OF REQUIRED DOCUMENTS					
Retrieve the following documents and attach to this form. Check which documents are available below:						
☐ 1. PCS Orders CONUS to Outside the Continental United States (OCONUS)						
2. All Subsequent PCS Orders						
☐ 3. DD-214 and/or Separation Location Memo (if Uniformed Services)						
4. Retirement/Separation Orders (if Uniformed Services)						
☐ 5. Transportation Agreement back to the U.S. (e.g. DD-1617)						
☐ 6. DD-2367: Uniformed Services Overseas Housing Allowance						
CERTIFICATION						
I certify the information provided above is true and accurate, to the best of my knowledge. I understand if I provide information that is false I may be determined ineligible for LQA and may be indebted to the U.S. Government. I understand if I fail to answer all of the above questions I may be denied eligibility to receive LQA.						
Printed Name S	Signature	Date				
PRIVACY ACT STATEMENT						
Collection of the information in this Direct Deposit Sign-Up Form is authorized by 5 U.S.C. § 552a, 31 U.S.C. § 3332(g), and						

Collection of the information in this Direct Deposit Sign-Up Form is authorized by 5 U.S.C. § 552a, 31 U.S.C. § 3332(g), and Executive Order 9397 (November 22, 1943). Your social security number and the other information requested will allow the Federal Government to process your direct deposit. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments. This information will be disclosed to the Department of the Treasury and its fiscal and financial agents, and other federal agencies, as necessary to process your direct deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required to verify your receipt of federal payments. Although providing the requested information is voluntary, your direct deposit cannot be processed without it.

## PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is XXXX-XXXX. We estimate that it will take XX hours to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.