Eligibility for Living Quarters Allowance (LQA) - Stateside Hire

Employee Information

1. **Last Name, First Name, Middle Name** (Please print & Use Blue or Black Ink)

2. **Social Security Number:**

3. **Current Address:**

4. **Employment Location:**

5. **Supervisor Name & Title:**

6. **Supervisor Phone Number: COM: DSN:**

7. **Have you resided in the United States for a minimum of twelve (12) months?** (Please check the appropriate box)

   YES ☐ NO ☐

8. **If necessary, could you provide documentation (Phone Bill, Rental Contract, Utility Bill, etc.) to prove residence in the United States?** (Please check the appropriate box)

   YES ☐ NO ☐

9. **Employee Signature & Date:**

For Official Use Only (Do not write below this line)

Eligible: ☐	Ineligible: ☐

Verified By: (Please print and sign)	Date

EMPLOYEE STATEMENT OF ELIGIBILITY

CONUS HIRE ELIGIBILITY

I certify that

- ☐ I lived in the United States for at least 12 months prior to receiving an Offer of Employment for this position.

OR

- ☐ I am transferring from another overseas agency or activity **AND** was receiving LQA or Government Quarters at that agency/activity **AND** was originally recruited from the United States as a civilian employee

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LOCAL HIRE ELIGIBILITY

I certify that

my residence in the overseas area to which this quarters allowance applies is due to employment by the U.S. government and

that prior to this appointment, I was recruited in the United States, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the former Canal Zone, or a possession of the United States, by:

(Check one of the following)

- ☐ The U.S. government, including the U.S. Armed Forces,
- ☐ A U.S. firm, organization, or interest (includes contractors),
- ☐ An international organization in which the U.S. government participates, or
- ☐ A foreign government,

and that employer provided for my return transportation to the United States, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the former Canal Zone, or a possession of the United States.

I agree to provide written documentation of the above employment as required by the servicing personnel organization.

Employee Statement and Signature: The information given in this statement is true and correct to the best of my knowledge and belief. I understand that providing false information to obtain this allowance will require me to reimburse the government for any amount I may have received; I will be subject to disciplinary action that may result in termination of my employment and I may be subject to criminal action.

_____ _____

NAME **DATE**