

Personal Eligibility Questionnaire for Living Quarters Allowance Local Hires

Note: This questionnaire only applies to employees who are
 - former locally hired military & contractor personnel
 - eligible for return transportation to the United States

Name:	SSN:	
Email:	DSN:	
Title and Grade of Position When Initially Hired Overseas:		
Location of Position:		
Date of Arrival Overseas:		
Reason for Presence Overseas:		
Are you currently receiving LQA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Military Service: <input type="checkbox"/>	Please Complete Section A & C	
Contractor: <input type="checkbox"/>	Please Complete Section B & C	

The information you provide will be used to determine your eligibility for LQA. Please only complete the sections that apply to you.

SECTION A: Military Service

1. Provide following information from DD 214:

Place of Entry (Item 7a)
Station Where Separated (Item 8b)
Separation Date (mm/dd/yy)

2. I have a current transportation agreement:

YES NO

3. Did you use any portion of your military travel and transportation entitlement?

YES NO

You must attach a copy of your DD 214 and a statement from the Transportation Office that you have not used any portion of your military travel and transportation entitlement.

4. Please list all employment from date of arrival overseas:

From (mm/dd/yy)	To (mm/dd/yy)	Employer Name/Address

SECTION B: Contractor

1. Contractor that originally hired me:
2. Date I originally arrived overseas:
3. City and State from which hired;

4. Did you have a transportation agreement as part of the contract?
YES NO

5. Please list all employment from date of arrival overseas:

From (mm/dd/yy)	To (mm/dd/yy)	Employer Name/Address

You must attach copies of all contracts.

SECTION C: Checklist of Required Documents

- 1. DD214 and/or Copy of Contract(s)
- 2. Transportation Statement (if military)
- 3. PCS Orders CONUS to OCONUS
- 4. All subsequent PCS Orders up to current

Certification:

The information provided in this statement is true and correct to the best of my knowledge and belief. I understand that if I provide false information I will be required to reimburse the government for any amount I may have received; that I will be subject to disciplinary action that may result in termination of my employment; and that I may be subject to criminal action.

Signature

Date