

OVERSEAS RESIDENCY QUESTIONNAIRE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 3012; AR 340-18-4; AFR 12-35; SECNAV 5211.5; Italy Tri-Component Regulation (USAREUR Reg 550-32; CINCUSNAVEURINST 5840.2D; USAFEI 36-101).

PRINCIPAL PURPOSE(S): To assist authorities in determining civilian component eligibility for overseas employment in Italy, and eligibility for issuance of an Official or No-Fee US Passport based on employment, Permesso di Soggiorno, or individual logistic support (ILS). Information provided may be the grounds for a subsequent determination that an applicant is not eligible for employment as a member of the civilian component or for receipt of ILS.

ROUTINE USES: The routine uses of this questionnaire are to provide basic information necessary in the preparation and evaluation of applications for employment; NATO SOFA civilian component documentation; ILS determinations; responding to inquiries from the US Congress or various branches of the Italian Government regarding employment in the US civilian component; and for use in investigative, administrative or judicial proceedings regarding employment in US civilian component.

DISCLOSURE: Voluntary disclosure. Nondisclosure precludes consideration for employment, NATO SOFA identification, or ILS.

Applicant's FULL Name:

LAST	MIDDLE	FIRST	MAIDEN NAME
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DECLARATION

- I arrived in Italy the VERY FIRST time on: Day _____ Month _____ Year _____
- I departed the 1st time (enter the departure date) _____
- My status when I FIRST entered Italy was: () Active Duty () Civilian employee on orders
() Dependent of military or civilian employee on orders () Tourist (no affiliation with the US Forces)
() Other (explain) _____
- Since my FIRST arrival in Italy, I have resided in the following PROVINCES (List only Provinces, not cities or towns. Do not include stays in hotels while travelling in Italy).
PROVINCE: _____ FROM (Mo/Yr): _____ TO (Mo/Yr): _____
PROVINCE: _____ FROM (Mo/Yr): _____ TO (Mo/Yr): _____
PROVINCE: _____ FROM (Mo/Yr): _____ TO (Mo/Yr): _____
- I have now, or at one time had, an Italian Work Permit (Libretto di Lavoro) and/or Permesso di Soggiorno for private employment in Italy (NOT connected with US Forces).
() Yes - Expiration date: _____ Issued by: _____
() No
- I was born in the United States: () Yes () No (If yes, skip questions 7 & 8. If no, continue with question 7)
- I was born outside of the United States in:

City/Town Province Country
- My U.S. Citizenship is based on: (check appropriate box)
() Birth to an American mother or father, and a Consular Report of Birth Abroad was issued by the U.S. State Department
() Naturalization: _____
Month & Year State

NOTE: If you were born in Italy, attach the following TWO items to your application packet:

- a. A copy of the Declaration of Italian Citizenship Renunciation, and;
- b. A declaration from the Comune where you CURRENTLY reside, verifying that you are NOT listed in official Italian records as an Italian citizen, and that you DO NOT have "residenza".

9. I have a "Libretto Sanitario" for the Italian Nation Health Care System (MUTUA): () Yes () No

10. I am not now nor have I ever been listed in Italian Demographics Records as having "Residenza":
() True () False

11. I have an Italian ID card (Carta d'Identita'): () Yes () No

12. I now pay, or at any time have paid INCOME TAXES to Italy: () Yes () No

13. I or my spouse OWN a house, apartment, or real estate in Italy: () Yes () No

If the answer to Question 13 is yes: The house, apartment, or property in Italy is registered (Check appropriate box):
() Only in my name () Jointly with my spouse () Only my spouse's name

14. One or both of my parents are/were Italian citizens (even if they later became citizens of US/other country):
() Yes () No

15. Since my FIRST arrival in Italy, I have been issued the following type(s) of Soggiorno permit (attach copy).

TYPE: _____ ISSUE DATE: _____ EXPIRATION DATE: _____
(If issued more than one Soggiorno permit since initial arrival in Italy, explain below and attach copy).

16. My street address in Italy is:

17. Phone number where I can be reached: _____

18. Add any additional information you feel would be pertinent in determining your civilian component eligibility.

**READ BELOW STATEMENT CAREFULLY BEFORE SIGNING
WARNING!**

FALSE STATEMENTS MADE KNOWINGLY AND WILLFULLY IN PASSPORT APPLICATIONS, AFFIDAVITS, OR OTHER SUPPORTING DOCUMENTS ARE PUNISHABLE UNDER THE PROVISIONS OF 18 USC 1001 AND/OR 18 USC 1542. I UNDERSTAND THAT WILLFUL FALSE STATEMENTS ON ANY PART OF THIS QUESTIONNAIRE MAY BE GROUNDS FOR DENYING EMPLOYMENT OR TERMINATING EMPLOYMENT AFTER I BEGIN WORK. I UNDERSTAND THAT I MUST PROTECT AND MAINTAIN MY NATO SOFA STATUS AS A MEMBER OF THE US CIVILIAN COMPONENT IN ITALY, AND IT IS MY RESPONSIBILITY TO IMMEDIATELY NOTIFY US AUTHORITIES OF ANY CHANGES IN MY CIVILIAN COMPONENT STATUS. I FURTHER UNDERSTAND THAT THE U.S. FORCES ARE AUTHORIZED TO VERIFY THE ABOVE RESPONSES.

I SWEAR OR AFFIRM THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Applicant's Signature