

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 (USAEUR 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
------	--------	-------	-------------

DECLARATION

1. I arrived in Italy the VERY FIRST time on: Day -----Month-----Year-----

2. I departed the 1st time (enter the departure date) -----

3. 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)-----

4. 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):-----

5. 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 () No

6. I was born in the United States: () Yes () No (If yes, skip questions 7 & 8. If no, continue with question 7)

7. I was born outside of the United States, in
City/Town Province/State Country

8. 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 Dept
() 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 National Health Care System (MUTUA): () Yes () No

10. I am not now, nor have I ever been listed in Italian Demographic 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 in 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 WILLFUYYLLY 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 U. S. 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