

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 U.S. 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 U.S. Congress or various branches of the Italian Government regarding employment in the U.S. civilian component; and for use in investigative, administrative or judicial proceedings regarding employment in U.S. civilian component.
- DISCLOSURE: Voluntary disclosure. Nondisclosure precludes consideration for employment, NATO SOFA identification, or ILS.

Applicant's FULL Name:

LAST NAME	FIRST NAME	MIDDLE INITIAL	MAIDEN NAME

DECLARATION

1. I arrived in Italy the VERY FIRST time on: Day Month Year
2. I departed Italy the first time (enter the departure date)
3. My status when I FIRST entered Italy was: Active Duty Civilian employee on orders.
 Dependent of military/civilian employee on orders Tourist (no affiliation with the U.S. 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 traveling in Italy):

PROVINCE: <input type="text"/>	FROM (Mo/Yr) <input type="text"/>	TO (Mo/Yr) <input type="text"/>
PROVINCE: <input type="text"/>	FROM (Mo/Yr) <input type="text"/>	TO (Mo/Yr) <input type="text"/>
PROVINCE: <input type="text"/>	FROM (Mo/Yr) <input type="text"/>	TO (Mo/Yr) <input type="text"/>

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 U.S. Forces).

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	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 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 in my spouse's name.

14. One or both of my parents are/were Italian citizens (even if they later became citizens of U.S./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 you can be reached:

18. Add any additional information you feel would be pertinent in determining your civilian component eligibility. You may use the reverse of this form.

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 U.S. 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.

ORIGINAL SIGNATURE and DATE