

# OVERSEAS RESIDENCY QUESTIONNAIRE

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## DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 3012; AR 25-400-2; 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 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 use 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.

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Applicant's FULL Name:

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| Last | Middle | First | Maiden Name |
|------|--------|-------|-------------|
|------|--------|-------|-------------|

### DECLARATION

1. I arrived in Italy the **VERY FIRST** time on: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_.
2. I departed the 1<sup>st</sup> 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.  
( ) Dependent of military or civilian employee without orders.  
( ) U.S. Contractor.  
( ) 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: _____ | FROM (Mo/Yr): _____ | TO (Mo/YR): _____ |
| PROVINCE: _____ | FROM (Mo/Yr): _____ | TO (Mo/YR): _____ |
| PROVINCE: _____ | FROM (Mo/Yr): _____ | TO (Mo/YR): _____ |

Overseas Residency Questionnaire  
Approved by CPCC-Italy & USSSO  
Version 09/03/99

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). ( ) Yes ( ) No. (IF YES, DATE PERMIT ISSUED \_\_\_\_\_).

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 the United States in:

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| 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 and have Italian citizenship as a result of birth 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 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:

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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 reserve of this form.

**READ BELOW STATEMENT CAREFULLY BEFORE SIGNING!**

**WARNING!**

FALSE STATEMENTS MADE KNOWINGLY AND WILLFULLY IN PASSPORT APPLICATIONS, AFFIDAVITS, OR OTHER SUPPORT 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date