

## LQA - Living Quarters Allowance Annual/Interim Expenditures Worksheet (DSSR 130)

Allowable expenses under the Living Quarters Allowance are reported here to process a claim on the SF-1190. This worksheet is reproducible locally.

1. Employee name ( <i>Last, First, Middle Initial</i> )	2. Agency
2. Pay plan/Series/Grade / /	4. Date of arrival ( <i>mm/dd/yy</i> )
5. Current post/Country of assignment/Locality code	

6. If Spouse or Domestic Partner is employed by the U.S. Government:	
Spouse's or Domestic Partner Name:	Quarters Allowance Received:

7. Family domiciled at post					
Name of Family Member	Relationship	DOB Except Spouse or Domestic Partner (mm/dd/yy)	Percentage support	Date of arrival at post	Residence address

8. Family domiciled away from post.					
Name of family Member	Relationship	DOB Except Spouse or Domestic Partner (mm/dd/yy)	Percentage support	Date of departure from post	Residence address

9. Description of quarters occupied by the employee	
Street address ( <i>include apartment or room number, if applicable</i> )	Date quarters occupied ( <i>mm/dd/yy</i> )
Quarters size: Total rooms ( <i>include dining room, living room, kitchen, bedrooms, den and bathrooms</i> ) _____ Total useable area _____ square feet <i>or</i> _____ square meters	Type of quarters: <input type="checkbox"/> House <input type="checkbox"/> Furnished <input type="checkbox"/> Privately leased <input type="checkbox"/> Apartment <input type="checkbox"/> Unfurnished <input type="checkbox"/> Government owned or leased <input type="checkbox"/> Multi-Unit - Shared Expenses <input type="checkbox"/> Personally owned

10. If employee shares quarters, give name of person(s) with whom sharing and employing firm or agency	
Name ( <i>Last, First, Middle Initial</i> )	Employing firm or agency

11. If employee rents quarters from another U. S. Government employee, give name of that employee and employing agency	
Name ( <i>Last, First, Middle Initial</i> )	Employing agency

12. If employee lets or sublets portion(s) of his owned or leased quarters:	
(a) Name of sublessee ( <i>Last, First, Middle Initial</i> )	Sublessee's employing firm or agency
(b) Amount received from sublessee	
(c) Has amount received from sublessee been deducted from expenses claimed under block 16? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(d) Date let or sublet ( <i>mm/dd/yy</i> )	

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13. Privately Owned Quarters (POQ)

(a) Have you or your spouse/domestic partner ever received payments for privately owned quarters (POQ) in the overseas area?

(b) If yes, from whom did you receive the allowances?

Active Military	<input type="checkbox"/>	Dates Allowance Received	<input type="text"/>
DoD Civilian (e.g. Air Force, Navy, other agencies etc.)	<input type="checkbox"/>	Dates Allowance Received	<input type="text"/>
Contractor	<input type="checkbox"/>	Dates Allowance Received	<input type="text"/>

(c) Do you currently own a POQ in the overseas area?

(d) Have you ever sold a POQ in the overseas area?

(e) List all privately owned quarters for which you received allowances in the overseas area (owned or sold). (Enter the information newest to Oldest.)

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Physical Address	Country

**(f) If you answered yes to any question in section 13, documentation must be provided to support dates the POQ allowance was paid.**

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14. Employee name ( <i>Last, First, Middle Initial</i> )	15. Check one: <input type="checkbox"/> Estimated <i>or</i> <input type="checkbox"/> Actual LQA expenses for the period from _____ to _____
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16. FOR OFFICIAL USE ONLY

Foreign currency rate used to compute expenses listed under item 16 \_\_\_\_\_. For Personally Owned Quarters (POQ): date of original purchase \_\_\_\_\_; exchange rate at time of original purchase \_\_\_\_\_; and number of years already claimed for rent portion of LQA \_\_\_\_\_.

17. The following expenses were actually incurred or are estimated for the period claimed in block 14

Expenses should be supported by lease or rental agreement, receipts or cancelled checks. If unobtainable, explain why under block 17, Remarks.	(A) Foreign Currency Expenses	(B) U.S. Dollar Expenses	(C) For official use only	(D) For official use only
<b>Items (a) through (j) are rent and rent-related expenses</b>				
(a) Rent, if leased; monthly rent 10% of original purchase price, if owned ( <i>claim limit: 10 yrs</i> )				
(b) Garage rental ( <i>not to exceed 25% of maximum LQA rate</i> ).				
(c) Furniture rental ( <i>not to exceed 25% of maximum LQA rate</i> ).				
(d) Insurance on rented property and/or furnishings required by local law to be paid by lessee.				
(e) Taxes levied by the local government and required by law or custom to be paid by lessee.				
(f) Land rent, if required by local law or custom ( <i>applies only to POQ</i> ).				
(g) Agent's fee if mandatory by law or custom and is condition of obtaining lease. Lessee must pay to landlord, not to agent.				
(h) Apartment/condominium fees ( <i>excluding single family dwelling and POQ</i> ).				
(i) Interest on a loan from American institution to finance "key money" paid to landlord.				
(j) Appreciation fee paid directly to landlord. Must appear on lease or rental agreement.				
<b>Items (k) through (n) are utilities</b>				
(k) <input type="checkbox"/> Heat, <input type="checkbox"/> gas, <input type="checkbox"/> fuel				
(l) Electricity				
(m) Other <input type="checkbox"/> heat, <input type="checkbox"/> fuel, <input type="checkbox"/> electricity, etc. ( <i>specify</i> )				
(n) Water				
(o) Garbage and trash disposal				
Total expenses claimed for this period:				

18. Remarks

19. For official use only (DSSR 135 and 136)

Quarters allowance group:	<input type="checkbox"/> WF (With Family)	<input type="checkbox"/> WOF (Without Family)
Maximum Annual LQA rate (DSSR 920, column 2, plus 10%, 20% or 30% for additional family members) = _____		
Daily LQA rate = Annual LQA rate divided by number of days in calendar year. Biweekly rate = daily rate times 14. Any other period = daily rate times number of days claimed.		
Beg. Date claimed: _____ End date claimed: _____ Number of days claimed: _____ LQA this period: _____		

20. Employee statement

I certify that the amounts claimed above were incurred for the period claimed or are estimated to the best of my knowledge for future costs

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_