



LQA - LIVING QUARTERS ALLOWANCE ANNUAL/INTERIM EXPENDITURES WORK SHEET (DSSR 130)

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

1. Employee Name (<i>Last, First, MI.</i>)	2. Agency
3. Pay Plan/Series/Grade/Annual Salary	4. Date of(mm-dd-yyyy)

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's Name	Quarters Allowance Received
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7. Family Domiciled at Post

Name of Family Member	Relationship	DOB Except Spouse or Domestic Partner (mm-dd-yyyy)	Percentage of Support	Date of Arrival at Post (mm-dd-yyyy)	Residence Address

8. Family Domiciled Away From Post

Name of Family Member	Relationship	DOB Except Spouse or Domestic Partner (mm-dd-yyyy)	Percentage of Support	Date of Departure from Post (mm-dd-yyyy)	Residence Address

9. Description of Quarters Occupied by the Employee

Date Quarters Occupied (*mm-dd-yyyy*)

Quarters Size: Total rooms should include dining room, living room, kitchen, bedrooms, den, and bathrooms.

Type of Quarters: House Apartment

Total Rooms _____

Furnished Unfurnished

Total Useable Square Footage _____

Privately Leased Government Owned or Leased

or Square Meters _____

Personally Owned

10. If employee shares quarters, give name of person(s) with whom sharing and the employing firm or agency.

11. If employee rents quarters from another U.S. government employee, give name of that employee and employing agency.

12. If employee lets or sublets portion of his owned or leased quarters:

(a) Name of sublessee and employing agency or firm _____

(b) Amount received from sublessee _____

(c) Has amount received from sublessee been deducted from expenses claimed under Block 16? Yes No

(d) Date let or sublet (*mm-dd-yyyy*) _____

13. Employee Name (*Last, First, MI.*)

14. Check One:

Estimated or

Actual

LQA Expenses for the Period (*mm-dd-yyyy*) From _____ To _____

15. FOR OFFICIAL USE ONLY

Foreign currency rate used to compute expenses listed under Item 16 _____

For personally owned quarters (*POQ*), date of original purchase (*mm-dd-yyyy*) _____

Exchange rate at time of original purchase _____

Number of years already claimed for rent portion of LQA _____

16. 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 canceled 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
Items (a) through (j) are rent and rent-related expenses				
(a) Rent, if leased; or 10% of original purchase price, if owned (<i>Claim limit: 10 years</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				
(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				
Items (k) through (o) are utilities and utility related expenses				
(k) Heat - Gas, Fuel				
(l) Electricity				
(m) Other Heat, Fuel (<i>specify</i>)				
(n) Water				
(o) Garbage and Trash Disposal				
Total Expenses Claimed For This Period				

17. Remarks

18. For Official Use Only (DSSR 135 and 136)

Quarters Allowance Group WF ("With Family") WOF ("Without Family")

Maximum Annual LQA Rate (DSSR 920, 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.

Begin Date Claimed (mm-dd-yyyy) _____ End Date Claimed (mm-dd-yyyy) _____

Number Of Days Claimed _____ LQA This Period _____

19. **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.

Signature

Date (mm-dd-yyyy)