LODGING ALLOWANCE CERTIFICATION

Employee Name:	Z#:	Organization:
In order for Los Alamos National Laboratory (LANL) to	provide lodging allowa	ance payments to me during my employment at LANL I
certify by initialing :	promac roading anome	and payments to me daming my employment at 2 m2.
I am maintaining my permanent residence (a ho	me that is owned/leas	ed by me) that is located more than
150 miles from my primary work location, and I		• •
and maintenance.		
The permanent residence is vacant or is occupie work location.	ed by family members t	that are not relocating to the new
The permanent residence is not being leased or	sub-leased.	
I have established a temporary (second) resider		cinity of the work location and I will
		residence. I will ensure current leases are provided to
If there is any change in circumstances, includin		
receiving the allowance, I will notify the Relocat		•
I understand that commuting daily from my per entitle me to payment of lodging allowance or of		ardiess of where it is located, does not
If I purchase a house at the new assignment loc		nent residence, the lodging allowance
immediately ceases and. I am required to imme	• •	
If any overpayment occurs, I will repay it immed		
Notification will be given to the Relocation Coor	•	haring a leased quarter with another
person receiving any form of housing/lodging/li		
provided by an entity other than LANL. This not	ification is required to e	ensure that there are no double
payments made by the federal government.		
	oted above and in our	relocation procedure documents may result in disciplinary
action up to and including termination.		
	Documentation	<u>1</u>
	th Permanent Resid	lence and Temporary Residence
Permanent Residence Documents:		
Mortgage Statement or lease (current) and U	tility bill with proof of	payment (current)
OR, if property free of mortgage:		
Property Tax Record (most recent) and Utility	/ bill with proof of payr	ment (current)
Temporary Residence Documents:		
Copy of signed lease for the temporary reside	ence (must include leas	se dates and amount)
I hereby certify the information provided to be complete.	ete and correct to serv	e as the basis in determining eligibility for lodging allowance
		nal documentation at any time and I agree to provide such
documentation upon request. I acknowledge that in a	ddition to any statutor	y penalties which may be imposed, I agree to reimburse
LANL for any lodging allowance payments made to me	e as a result of any false	e statement willfully and knowingly made herein. I will also
reimburse LANL for any payments made to be for whi	ch I am not eligible for.	
Employee Signature:		Date:
Send completed form and documentation	on to the Relocation	Coordinator at relocation@lank.gov
Relocation Coordinato		
For questions, please call		
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Certification of lodging allowance criteria being me	et:	
HR Representative		Date:
Eor I	HR Use only	
Appointment Type:Hire Date: _		Title:
		Title: Form Update 5/11/2017