STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS
201 West Washington Avenue, P.O. Box 7843, Madison, WI 53707-7843
(608) 266-1311 1-800-WIS-VETS (947-8387)

REQUEST FOR CERTIFICATION FOR WISCONSIN DISABLED VETERANS AND UNREMARRIED SURVIVING SPOUSES PROPERTY TAX CREDIT

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].
The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

Instructions: All those requesting certification for veterans property tax credit must complete this form in full and attach required documentation as follows: 1) DD Form 214, Certificate of Release or Discharge from Active Duty; 2) certified death certificate (if the veteran is deceased); 3) certified marriage certificate (if the veteran is deceased); 4) Federal VA basic service-connected disability rating notification letter. 5)°Original copy of Form WDVA 1805 VETERANS'S RESIDENCY AFFIDAVIT if needed to establish Wisconsin was your "Home of Record" or to establish a 5 year continuous residency. Mail this application and the appropriate supporting documents to: Wisconsin Dept. of Veterans Affairs, Attn: Wisconsin Veterans Property Tax Credit, 201 W. Washington Ave., P.O. Box 7843, Madison, WI 53707-7843.

Requester Name (Print) _____ Date of Birth _____

Address _____ Social Security Number _____

City, State, Zip Code _____

I am requesting certification for Veterans Property Tax Credit based on my status as:

☐ Veteran (myself) OR ☐ Unremarried Surviving Spouse of 100% SCD veteran

☐ Unremarried Surviving Spouse continuing to receive Federal VA Dependency and Indemnity Compensation **(DIC)** as defined in **38 USC 101 (14)**.

I am the unremarried surviving spouse of:

Full Name of Veteran _____ Veteran's Social Security Number _____

Veteran's Date of Birth _____ Veteran's Date of Death _____

Under penalty of law, I attest by my signature that all of the information I have provided on this and related documents is true and complete to the best of my knowledge. I agree to inform WDVA of any change in the circumstances upon which this application is based.

Signature _____ Date _____

You can access the most recent version of this form from the WDVA website at *www.WisVets.com/Forms.*