



Wis. Stats. Chapter 45

VETERAN'S RESIDENCY AFFIDAVIT

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.
Note: Affidavits with cross-outs, write-overs, white-out, correction tape, or any other correction material cannot be accepted.

Eligibility for State of Wisconsin benefits offered under Ch. 45

Sections 45.02(2)(a-c) Wis. Stats., require an eligible veteran to either have been a resident of Wisconsin at the time of entry into active service or to have been a Wisconsin resident for any consecutive 12-month period after entry or reentry into service.

Form box for Veteran's Wisconsin Department of Veterans Affairs Base File # with a line for (if known)

Veterans and Surviving Spouses Property Tax Credit

Section 71.07(6e)(a)3.b., Wis. Stats., requires an eligible veteran to either have been a resident of Wisconsin at the time of entry into active service or the national guard or reserve component of the U.S. armed forces or to have a consecutive 5-year period of Wisconsin residence after entry into that service.

Wisconsin G.I. Bill

Section 36.37(3p)(a)1r. and Section 38.24(8)(a)1r., Wis. Stats., require an eligible veteran to either have been a resident of Wisconsin at the time of entry into active service or to have been a Wisconsin resident for at least 5 consecutive years immediately preceding the beginning of any semester or session for which the person registers at a participating institution.

Veteran's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_
Street Address
Apt. Unit #
City State Zip Code

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Veteran's Social Security Number: \_\_\_\_\_

Part 1

Veteran's State of Legal Residency at Time of Entry Into Active Service and Date of Entry Into Active Service:

State of Legal Residency Date of Entry

Veteran's Address at Time of Entry Into Active Service:

Street Address
Apt. Unit #
City State Zip Code

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**Part 2**

Complete Part 2 only if veteran **was not** a legal resident of Wisconsin at time of entry into active service.

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**Address 1:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt. Unit #

\_\_\_\_\_  
City State Zip Code

Years Resided:

From: \_\_\_\_\_  
Month Year

To: \_\_\_\_\_  
Month Year

**Address 2:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt. Unit #

\_\_\_\_\_  
City State Zip Code

Years Resided:

From: \_\_\_\_\_  
Month Year

To: \_\_\_\_\_  
Month Year

**Address 3:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt. Unit #

\_\_\_\_\_  
City State Zip Code

Years Resided:

From: \_\_\_\_\_  
Month Year

To: \_\_\_\_\_  
Month Year

**Address 4:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt. Unit #

\_\_\_\_\_  
City State Zip Code

Years Resided:

From: \_\_\_\_\_  
Month Year

To: \_\_\_\_\_  
Month Year

**(Attach additional pages if needed)**

**Under penalties of law, I declare that the information on this form and all attachments are true, correct, and complete to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF WISCONSIN )  
 )  
 ss.)  
County of \_\_\_\_\_ )

On, \_\_\_\_\_, before me, a Notary Public, appeared \_\_\_\_\_  
who proved to me to be the person whose name is subscribed in this document and acknowledged to me that he/she  
executed the same in his/or her official capacity and that his/her signature on the instrument the person executed the  
instrument.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires:

**For WDVA Use Only**

Acceptable Original?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason:		
Reviewed By:		Date: