

REQUEST FOR CERTIFICATION FOR WISCONSIN DISABLED VETERANS AND UNREARRIED 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, 2135 Rimrock Road, P.O. Box 7843, Madison, WI 53707-7843.

Requester Name (Print)

Date of Birth

Address

Social Security Number

City, State, Zip Code

Telephone Number

Email Address

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, including a change in disability rating or individual unemployability.

Signature

Date