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| Wis. Stats. Chapter 45 | 201 West Washington Avenue, P.O. Box 7843, Madison, WI 53707-7843  (608) 266-1311 | 1-800-WIS-VETS (947-8387) |
| **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. If an error is made you will need to complete a new form. You must submit the original, signed, and notarized document. Faxes, scans, or photocopies of this completed form cannot be accepted. | |

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| **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.  **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. | | | | | | | | | | | | Veteran’s Wisconsin | | |
|  | | | | | | | | | | | | Department of Veterans | | |
|  | | | | | | | | | | | | Affairs Base File #: | | |
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| **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. | | | | | | | | | | | | | | |
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| Veteran's Name: |  | | | | | | | | | | | | | |
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| Current Address: | |  | | | | | | |  | Phone Number: | | | | |
|  | | Street Address | | | | | | |  |  | | | | |
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|  | | Apt. Unit # | | | | | | |  | E-mail Address: | | | | |
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|  | | City State Zip Code | | | | | | |  |  | | | | |
|  | | | | | | | | | | | | | | |
| Veteran's Social Security Number: | | | | |  | |  | | | | | | | |
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| **Part 1** | | | | | | | | | | | | | | |
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| 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 # | | | | | | | | | | |
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|  |  | | | 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.**  **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**. | | | | | |
| **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**. | | | | | |
| **Address 1:** |  |  | Years Resided: | | |
|  | Street Address |  | | From: |  |
|  |  |  | | Month Year | |
|  | Apt. Unit # |  | | To: |  |
|  |  |  | | Month Year | |
|  | City State Zip Code |  | |  | |
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| **Address 2:** |  |  | Years Resided: | | |
|  | Street Address |  | | From: |  |
|  |  |  | | Month Year | |
|  | Apt. Unit # |  | | To: |  |
|  |  |  | | Month Year | |
|  | City State Zip Code |  | |  | |
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| **Address 3:** |  |  | Years Resided: | | |
|  | Street Address |  | | From: |  |
|  |  |  | | Month Year | |
|  | Apt. Unit # |  | | To: |  |
|  |  |  | | Month Year | |
|  | City State Zip Code |  | |  | |
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| **Address 4:** |  |  | Years Resided: | | |
|  | Street Address |  | | From: |  |
|  |  |  | | Month Year | |
|  | Apt. Unit # |  | | To: |  |
|  |  |  | | Month Year | |
|  | City State Zip Code |  | |  | |
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| **(Attach additional pages if needed)** | | | | | |
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| **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.** | | | | | | | | | | | | | | | |
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| Signature | | | | | | | | | | | |  | Date | | |
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| STATE OF WISCONSIN | | | | | | | ) |  | | | | | | | |
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| County of | |  | | | | | ) |  | | | | | | | |
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| 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 |  |
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| Notary Public | | | | | | | | | | | | | | | |
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| My Commission Expires: | | |  | | | | | |  | | | | | | |
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| For WDVA Use Only | | | | | | |
| Acceptable Original? | | | Yes | No | | |
| Reason: |  | | | | | |
| Reviewed By: | |  | | | Date: |  |