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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 #: |
|  |  |       |  |
|  | (if known) |
|  |
| **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: |       |  | Phone Number: |
|  | Street Address |  |       |
|  |       |  |  |
|  | Apt. Unit # |  | E-mail Address: |
|  |                   |  |       |
|  | City State Zip Code |  |  |
|  |
| Veteran's Social Security Number: |  |  |
|       |  |  |
|  |
| **Part 1** |
|  |  |
| Veteran's State of Legal Residency at Time of Entry Into Active Serviceand 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.** **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 |  |  |
|  |
| **Address 3:** |       |  | Years Resided:  |
|  | Street Address |  | From: |              |
|  |       |  |  Month Year |
|  | Apt. Unit # |  | To: |              |
|  |                   |  |  Month Year |
|  | City State Zip Code |  |  |
|  |
| **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.** |
|  |
|  |  |       |
| 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: |       |  |
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| --- |
| For WDVA Use Only |
| Acceptable Original? | [ ]  Yes | [ ]  No |
| Reason: |       |
| Reviewed By: |       | Date: |       |