



## WISCONSIN PROPERTY TAX CREDIT PROGRAM COUNTY/TRIBE TAX ABATEMENT VERIFICATION FORM

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

Name of Veteran		Base File Number
Name of Applicant		
Relationship to Veteran		Telephone
E-mail Address		
Mailing Address		
City	State	Zip Code

**Veteran:**

- Records of the United States Department of Veterans Affairs confirm that the Veteran named above has a schedule single or combined rating of 100% due to service connected conditions. This rating reflects one or more conditions that are recognized under 38 USC 1114 or 38 USC 1134 - or –
- 100% disability rating based on individual unemployability.

The effective date of the award is \_\_\_\_\_ .

**Un-Remarried Surviving Spouse:**

- Records of the United States Department of Veterans Affairs confirm that the Veteran named above had a schedule single or combined rating of 100% due to service connected conditions at the time of his/her death. This rating reflects one or more conditions that are recognized under 38 USC 1114 or 38 USC 1134.

The effective date of the award is \_\_\_\_\_ .

**DIC Recipient:**

- The Widow/Widower, following the death of his/her spouse/veteran began to receive and continues to receive, Dependency and Indemnity Compensation as defined in 38 USC 101(14) effective \_\_\_\_\_ .

By signing this form, I certify that I have an active accreditation issued by the United States Department of Veterans Affairs (USDVA) under the authority granted in section 5902 of title 38, United States Code which grants me access to the information verified above.

Name: \_\_\_\_\_  
Please print legibly

County/Tribe: \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_