VETERAN’S RESIDENCY AFFIDAVIT FOR APPLICATIONS
TO A VETERANS HOME

☐ WVH–Chippewa Falls
2175 E. Park Ave.
Chippewa Falls, WI 54729
(715) 720-6775

☐ WVH–King
N2665 County Rd. QQ
King, WI 54946-0600
(715) 258-5586

☐ WVH–Union Grove
21425 G Spring St.
Union Grove, WI 53182
(262) 878-6702

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.

Section 45.02(2), Wis. Stats., requires an eligible veteran to either have been a resident of Wisconsin at the time of entry into active service of the U.S. armed forces or to have a consecutive 12-month period of Wisconsin residence after entry into that service and if deceased, was a resident of Wisconsin at the time of death. Under Section 45.51(2)(b)1., Wis. Stats., the applicant must be a resident of the State of Wisconsin on the date of admission to a veterans home.

Veteran's Name: __________________________

Claimant's Name (if not the veteran): __________________________

Current Address: __________________________

Street Address

P.O. Box or Apt. Unit #

City State Zip Code

Phone Number: __________________________

E-mail Address: __________________________

Veteran's Social Security Number: __________________________

Surviving Spouse's Social Security Number (if applicable): __________________________

Part 1

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

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

Street Address

P.O. Box or Apt. Unit #

City State Zip Code

Part 2

Complete Part 2 only if veteran was not a legal resident of Wisconsin at time of entry into active service. If veteran has been a resident of Wisconsin for any consecutive 12-month period after entry into active service, list address(es) below.

Address 1:

Street Address

P.O. Box or Apt. Unit #

City State Zip Code

Years Resided:

From: __________________________

Month Year

To: __________________________

Month Year

Veteran’s Wisconsin Department of Veterans Affairs Base File #: __________________________

(if known)

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Templates/WDVA_4003-Veterans-Residency-Affidavit-for-WVH-Applications.dotx
You can access the most recent version of this form from the WDVA website at http://dva.state.wi.us/Pages/newsmedia/WDVAToolkit.aspx
Part 3     Complete Part 3 only if veteran is deceased.

Veteran's State of Legal Residency at Time of Death: ________________________________

Veteran's Address at Time of Death:

Street Address

P.O. Box or Apt. Unit #

City                  State              Zip Code

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 )

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/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: ________________________________