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|  | | H:\PublicAffairs\CommOfficer\Graphic Designs\Becky\WDVA Logos\WDVA Signature Exported Files\Print\WDVA_Signature - Black - 300ppi.jpg  **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. | | | | |

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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| Veteran's Name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Claimant's Name (if not the veteran): | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Veteran's Social Security Number: | | | | | | | | | | | | | | |  | | | | Surviving Spouse's Social Security Number (if applicable): | | | | | | | | | | | | | | | | | |
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| **Part 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Veteran's State of Legal Residency at Time of Entry Into Active Service: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| Veteran's Address at Time of Entry Into Active Service: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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|  | | | |  | | | | | | | | | | | | | 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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Address 1:** | | |  | | | | | | | | | | | | | | | | |  | | | Years Resided: | | | | | | | | | | | | | |
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| **Address 2:** | | |  | | | | | | | | | | | | | | | | |  | | | Years Resided: | | | | | | | | | | | | | |
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| **Address 3:** | | |  | | | | | | | | | | | | | | | | |  | | | Years Resided: | | | | | | | | | | | | | |
|  | | | Street Address | | | | | | | | | | | | | | | | |  | | | | | From: | | | |  | | | | | | | |
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| **(Attach additional pages if needed.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Part 3 Complete Part 3 only if veteran is deceased.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Veteran's State of Legal Residency at Time of Death: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| Veteran's Address at Time of Death: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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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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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Subscribed and sworn to before me this | | | | | | | | | | |  | | | | | day of | | | | |  | | | | | | | | | | | | | , 20 |  | |
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| My Commission Expires: | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |