

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 Wisconsin
 Department of Veterans
 Affairs Base File #:

_____ (if known)

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

Address 2: _____
Street Address

P.O. Box or Apt. Unit #

City State Zip Code

Years Resided:
From: _____
Month Year
To: _____
Month Year

Address 3: _____
Street Address

P.O. Box or Apt. Unit #

City State Zip Code

Years Resided:
From: _____
Month Year
To: _____
Month Year

(Attach additional pages if needed.)

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/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: _____