

reserve component of the U.S. armed forces or to have a consecutive 5-year period of

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. Veteran's Wisconsin Eligibility for State of Wisconsin benefits offered under Ch. 45 Department of Veterans Sections 45.02(2)(a-c) Wis. Stats., require an eligible veteran to either have been a Affairs Base File #: 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 (if known) 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

Wisconsin G.I. Bill

Wisconsin residence after entry into that service.

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:	Street Address				Phone Number:		
	Apt. Unit #				E-mail Addı	ress:	
	City	State	Zip C	Code			
Veteran's Social S	ecurity Number:						
Part 1							
	Legal Residency at Time Into Active Service:	e of Entry Into A	ctive Service	State of Legal Re	sidency Da	ite of Entry	
Veteran's Address	at Time of Entry Into Ad	ctive Service:	Street Address				
		-	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.

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.

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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**.

<u>Address 1:</u>				Years Resid	led:	
	Street Address			From:		
				-	Month	Year
	Apt. Unit #			To:		
				_	Month	Year
	City	State	Zip Code			
Address 2:		Years Resided:				
	Street Address			From:		
				-	Month	Year
	Apt. Unit #			To:		
				-	Month	Year
	City	State	Zip Code			
Address 3:				Years Resid	led:	
	Street Address			From:		
					Month	Year
	Apt. Unit #			To:		
				_	Month	Year
	City	State	Zip Code			
Address 4:				Years Resid	led:	
	Street Address			From:		
					Month	Year
	Apt. Unit #			To:		
					Month	Year
	City	State	Zip Code			

(Attach additional pages if needed)

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 Nota who proved to me to be the person whose name is sub executed the same in his/or her official capacity and t instrument.	ary Public, appeared oscribed in this document and ac hat his/her signature on the instr	knowledged to me that he/she rument the person executed the
Subscribed and sworn to before me this	day of	, 20
Notary Public		
My Commission Expires:		
For WDVA Use Only		
Acceptable Original? Yes		No
Reason: Reviewed By:		Date: