|  |  |
| --- | --- |
|  | 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. |

|  |  |
| --- | --- |
| 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: |       |  | Phone Number: |
|  | Street Address |  |       |
|  |       |  |  |
|  | P.O. Box or Apt. Unit # |  | E-mail Address: |
|  |                   |  |       |
|  | City State Zip Code |  |  |
|  |
| 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:** |       |  | Years Resided:  |
|  | Street Address |  | From: |              |
|  |       |  |  Month Year |
|  | P.O. Box or Apt. Unit # |  | To: |              |
|  |                   |  |  Month Year |
|  | City State Zip Code |  |  |
|  |
| **Address 2:** |       |  | Years Resided:  |
|  | Street Address |  | From: |              |
|  |       |  |  Month Year |
|  | P.O. Box or Apt. Unit # |  | To: |              |
|  |                   |  |  Month Year |
|  | City State Zip Code |  |  |
|  |
| **Address 3:** |       |  | Years Resided:  |
|  | Street Address |  | From: |              |
|  |       |  |  Month Year |
|  | P.O. Box or Apt. Unit # |  | To: |              |
|  |                   |  |  Month Year |
|  | City State Zip Code |  |  |
|  |
| **(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 | ) |  |
|  | ss.) |  |
| 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: |       |  |