



WIGI Bill Residency Affidavit for Children and Spouses of Eligible “5 Year” Veterans

WISCONSIN G.I. BILL

Sections 36.27(3n) (bd) and 38.24(7) (bd) of Wisconsin law create a 5-year residency requirement for the child or spouse of a disabled or deceased veteran who is eligible for the WI GI Bill based on the veteran’s 5-year Wisconsin residency. Children and spouses must be Wisconsin residents for at least 5 consecutive years immediately preceding the beginning of any semester or session for which the child or spouse registers at a University of Wisconsin (UW) institution or Wisconsin Technical College (WTC).

If you are a spouse or child seeking to qualify for the Wisconsin GI Bill based on the 5-year residency of a veteran, you must complete a notarized WIGI Bill Residency Affidavit form and along with the WDVA form 2029 and submit them to your campus certifying official. The WDVA form 2029 is available at <http://dva.state.wi.us/Pages/newsMedia/WDVAToolKit.aspx>. The information supplied in this WIGI Bill Residency Affidavit is subject to verification. Inaccurate information will be cause for repayment of 100% of any remitted tuition and fees.

Student Name (print)	Veteran’s Name
<hr/>	<hr/>
Student SSN	
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Please indicate the length of time you have lived at your current residence. If the time is less than 5 years, please provide additional address for the most recent five years.

Address 1:	Years Resided:
Street Address	From:
	Month
	Year
Apt. Unit #	To:
	Month
	Year
City	
State	
Zip	
Address 2:	Years Resided:
Street Address	From:
	Month
	Year
Apt. Unit #	To:
	Month
	Year
City	
State	
Zip	
Address 3:	Years Resided:
Street Address	From:
	Month
	Year
Apt. Unit #	To:
	Month
	Year
City	
State	
Zip	

Address 4:

Street Address

Apt. Unit #

City

State

Zip

Years Resided:

From:

Month

Year

To:

Month

Year

Address 5:

Street Address

Apt. Unit #

City

State

Zip

Years Resided:

From:

Month

Year

To:

Month

Year

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. I understand the information is subject to verification and if determined to be false, I am responsible for repaying any tuition and fee remissions granted to me.

Signature

Date

STATE OF WISCONSIN

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ss.)

County of

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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.

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public

My Commission Expires: _____