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.

<table>
<thead>
<tr>
<th>Student Name (print)</th>
<th>Veteran’s Name</th>
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Student SSN

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:
  Street Address
  Apt. Unit #
  City State Zip

Years Resided:
  From: Month Year
  To: Month Year

Address 2:
  Street Address
  Apt. Unit #
  City State Zip

Years Resided:
  From: Month Year
  To: Month Year

Address 3:
  Street Address
  Apt. Unit #
  City State Zip

Years Resided:
  From: Month Year
  To: Month Year
<table>
<thead>
<tr>
<th>Address 4</th>
<th>Years Resided</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>From: Month Year</td>
</tr>
<tr>
<td>Apt. Unit #</td>
<td>To: Month Year</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
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<tr>
<th>Address 5</th>
<th>Years Resided</th>
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<tr>
<td>Street Address</td>
<td>From: Month Year</td>
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<tr>
<td>Apt. Unit #</td>
<td>To: Month Year</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
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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. 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 )
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/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: ___________________________