



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
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	Years Resided:		
	Apt. Unit #	From:	Month	Year
	City	To:	Month	Year
	State			
	Zip			

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

Address 3:	Street Address	Years Resided:		
	Apt. Unit #	From:	Month	Year
	City	To:	Month	Year
	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)

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: _____