



**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 WIGI 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 along with a WDVA form 2029 and submit them both 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 the 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 Name (print)**

\_\_\_\_\_  
**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 5 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

**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: \_\_\_\_\_