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](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.

<table>
<thead>
<tr>
<th>Student Name (print)</th>
<th>Veteran Name (print)</th>
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<tbody>
<tr>
<td>Student SSN</td>
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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 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
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: