

**AFFIDAVIT OF INCOME – EXEMPT FILING
WISCONSIN DEPARTMENT OF NATURAL RESOURCES
ARPA WELL GRANT PROGRAM**

State of Wisconsin

County of _____

I, as head of household or owner of applying business, _____,
name of business _____, being first duly sworn, depose and say
that, to the best of my knowledge and belief, my total Wisconsin income for the year _____,
was not sufficient to be required to file a Wisconsin Income Tax Return, or Federal Income
Tax Return, if so marked by the Claimant. Further, I estimate that my projected total
Wisconsin income for the current year _____, to be \$ _____ (*Note:*
That social security is not reportable as Wisconsin Income.)

Signature of Claimant

Subscribed and sworn to before me

This _____ day of _____.

Notary Public, State of Wisconsin

My Commission expires _____.