

AFFIDAVIT OF PROJECTED INCOME
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, I
estimate that my total Wisconsin projected 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 _____.