

**AFFIDAVIT OF INCOME REDUCTION  
WELL GRANT PROGRAM  
Wisconsin Administrative Code NR 123.22(2)(g)4.  
s.281.75, Wis. Stats.**

State of Wisconsin

County of \_\_\_\_\_

I, as head of household, \_\_\_\_\_,  
being first duly sworn, depose and say that, to the best of my knowledge and belief, my  
projected Wisconsin total family income for the current year \_\_\_\_\_ is  
\$\_\_\_\_\_. This is \$\_\_\_\_\_ less than my Wisconsin total  
family income for the previous tax year \_\_\_\_\_ for the following reason (s):

My total family Wisconsin income since January 1 of this current calendar year is as  
follows: *(Note: That social security is not reportable as Wisconsin Income.)*

Source of Income

Amount

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Signature of Claimant

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_.

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Notary Public, State of Wisconsin

My Commission expires \_\_\_\_\_.