

AFFIDAVIT OF INCOME REDUCTION
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
projected Wisconsin total income for the current year _____ is
\$ _____. This is \$ _____ less than my Wisconsin total
income for the previous tax year _____ for the following reason (s):

My total 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

Signature of Claimant

Subscribed and sworn to before me

This _____ day of _____.

Notary Public, State of Wisconsin

My Commission expires _____.