

**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.*)

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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 \_\_\_\_\_.