

**AFFIDAVIT OF PROJECTED INCOME
FOR CURRENT YEAR
WELL GRANT PROGRAM
Wisconsin Administrative Code NR 123
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, I estimate that my total Wisconsin family 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 _____.