



Affidavit Instructions

Please edit this form to reflect your financial situation.

You may edit this form electronically or by hand. This affidavit must be signed in the presence of two witnesses, and they must include their addresses below. An affidavit that is missing information will not be accepted. If two witnesses are not available, we will accept a complete form with at least one witness and their address.

The reviewers need to see why you did not file taxes. Please indicate which sections apply to you, and leave blank, or cross out, sections that do not apply to you. Feel free to make other edits to clarify your situation. A complete affidavit is required if you did not file taxes in either 2019 or 2020 (or both years). If you requested a filing extension for 2020's taxes, please return either 1040s, transcripts, or an affidavit for 2019 and 2020, instead.

I, _____, of _____, of full age, hereby depose and state that:
[name] [address]

_____ I am disabled

1. I have been disabled since _____ to the present because _____
[year]
2. _____ I have not engaged in any employment during this period.
3. _____ I received Social Security and Medicaid during this period.
 - a. The Social Security and Medicaid I received during 2019 was \$.....
 - b. The Social Security and Medicaid I received during 2020 was \$.....

_____ I was not required to file an income tax return during 2019 because the amount of Social Security and Medicaid I received did not reach the threshold for filing.

_____ I was not required to file an income tax return during 2020 because the amount of Social Security and Medicaid I received did not reach the threshold for filing.

_____ I did not file taxes during 2019 for another reason: _____

_____ I did not file taxes during 2020 for another reason: _____

The foregoing statements made by me are true to the best of my knowledge and belief. I am aware that if any of the foregoing statements made by me are willfully false, my grant will be revoked.

Date:

[Signature of applicant]

[Address of Witness 1]

[name of Witness 1]

[Address of Witness 2]

[name of Witness 2]