



Expect Miracles
FOUNDATION

Tax Affidavit Form

Instructions:

- A complete affidavit is required if you did not file taxes for either, or both, of the past 2 years.
- This is a fillable form that can be completed electronically. Upon completing the form, please download with your changes and attach to your application. This can be printed, scanned, or you can take a photo and upload to your application.
- If you requested a filing extension for the most recent year's taxes, please complete an Affidavit reflecting your filing extension request.
- This affidavit must be signed in the presence of two witnesses. If two witnesses are not available, we will accept a complete form with at least one witness and their address. This Affidavit does not need to be notarized.
- An affidavit with missing information will not be accepted. Please indicate which sections apply to you.

Part A:

I, _____, of _____, of lawful age and sound mind,
(Name) _____ hereby depose and state that:
(Address) _____

I am disabled (check all that apply):

I have been disabled since _____ to the present because _____
(year)

I have not engaged in any employment during year(s) _____

I received Social Security and Medicaid during year(s) _____ and the Social
Security and Medicaid I received during year(s) _____ was \$ _____

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

I did not file taxes during year(s) _____ for another reason (please explain):

Part B:

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

Date: _____

(Signature of applicant)

(Witness 1 Name)

(Witness 1 Signature)

(Witness 1 Address)

(Witness 2 Name)

(Witness 2 Signature)

(Witness 2 Address)
