

Affidavit

STATE OF _____

COUNTY OF _____

The undersigned, _____, being duly sworn, hereby deposes and states:

1. I am over the age of 18 and reside at _____ (physical address) in the State of _____.
2. I suffer no legal disabilities and nothing prohibits me from understanding the facts that I am attesting to.
3. I own/operate a small business that is not registered with the State of Idaho, another state or the Nez Perce Tribe. My small business was impacted by the COVID-19 pandemic.
4. To support my application to the CARES ACT Small Business Relief Grant, I attest that I operate a business and can provide invoices, bank statements, or other forms of documentation with my application.

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this _____ day of _____, 20____

Signature of of Affidavit Petitioner

Subscribed and sworn to before me on this _____ day of _____, 20____

Notary of the Public

My commission expires on: _____