AFFIDAVIT OF FINANCIAL WORTH IN SUPPORT OF APPLICATION TO FILE CANDIDATE'S STATEMENT WITHOUT ADVANCE PAYMENT OF ESTIMATED COST

NOTICE TO CANDIDATE

The Elections Official will review and make a final determination of your eligibility as an indigent as soon as possible after submittal of this form.

If it is determined that you are not indigent, you will be notified of this finding. Within three days of notification, excluding Saturdays, Sundays, and state holidays, you must either withdraw your statement or pay the requisite estimated cost. If you fail to respond within the time prescribed, your statement will not be printed and mailed.

If it is determined that you are indigent, the Elections Official shall print and mail the statement without requesting payment of the estimated cost. This, however, does not relieve you of your obligation to pay the candidate statement cost in the manner established by the Elections Official.

PLEASE PRINT LEGIBLY

I, _____ state that I am unable to pay in

advance the $ _____ estimated cost required to file a Candidate Statement for the office of

_____ to be printed and distributed

to the voters at the _____ election, in the City of _____

(INSERT NAME OF ELECTION)

I further swear or affirm that the responses which I have made to the questions and instructions below relating to my ability to pay said cost are true.

CANDIDATE INFORMATION					
NAME:			HOME PHONE	SOCIAL SECURITY #	
STREET ADDRESS			WORK PHONE	VETERANS ADMIN. #	
CITY	STATE	ZIP	MESSAGE	WELFARE #	
TOTAL DEPENDENTS:	ATTACH ADDITIONAL SHEET IF NEEDED		OCCUPATION:		
NAME		AGE	EMPLOYER		
ADDRESS			STREET ADDRESS		
NAME		AGE	CITY	STATE	ZIP
ADDRESS			LENGTH OF EMPLOYMENT (If under 10 years, attach additional employment history)		
NAME		AGE	MONTHLY GROSS INCOME: (Please attach copy of most recent pay stub)		
ADDRESS			TOTAL MONTHLY INCOME OF DEPENDENTS (Excluding spouse):		

SPOUSAL INFORMATION				
NAME			SOCIAL SECURITY #	HOME PHONE
STREET ADDRESS (If different)			WORK PHONE	MESSAGE
CITY	STATE	ZIP	MONTHLY GROSS INCOME:	
OCCUPATION:			COMPLETE REVERSE SIDE OF THIS FORM	
EMPLOYER				
STREET ADDRESS				
CITY	STATE	ZIP		

OTHER MONTHLY INCOME			
a. Unemployment & Disability	$	g. Income Property	$
b. Social Security	$	h. Personal Loans	$
c. Welfare, AFDC	$	I. Employment Bonus	$
d. Veteran's Benefits	$	J. Other (Specify)	
e. Spousal Support Payments	$		
f. Child Support Payments	$ **		
** If you are receiving any child support from any other person, complete the following:			
NAME OF PERSON PAYING SUPPORT		AMOUNT OF SUPPORT RECEIVED:	

INDICATE WHETHER SUCH SUPPORT IS RECEIVED: ☐ DIRECT ☐ THROUGH A PROBATION DEPARTMENT ☐ FROM A COURT

MONTHLY EXPENSES			
a. Rent or House Payment (Circle One)	$	g. Food	$
b. Car Payments	$	h. Utilities	$
c. Medical & Dental Payments	$	I. Clothing	$
d. Loan Payments	$	J. Transportation	$
e. Support Payments	$	K. Other expenses (Please Specify)	$
f. Insurance	$		

INSTALLMENT PAYMENTS, OTHER THAN LISTED ABOVE		
NAME OF CREDITOR (Attach sheet for additional creditors.)	MONTHLY PAYMENT	BALANCED OWED
a.	$	$
b.	$	$
c.	$	$

ASSETS	
WHAT DO YOU OWN? (Attach additional sheet if necessary)	VALUE
a. Cash	$
b. House Equity	$
c. Cars, Other Vehicles & Boat Equity (List make, year & license number of each)	$
d. Checking, Savings & Credit Union Accounts (List names of each)	$
e. Other Real Estate Equity	$
f. Income Tax Refunds Due	$
g. Other Personal Property (jewelry, furniture, furs, stocks & bonds, etc.)	$
h. Other assets (IRA's stock/bonds, trust, etc.)	$
TOTAL	$

The information given is to assist the Elections Official or his/her designee in making a determination of the candidate's indigent status, pursuant to Section 13309 of the Elections Code.

I declare under penalty of perjury that this statement (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

_____ **DATE:** _____

(SIGNATURE)

REMARKS: _____