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:			
EMPLOYER		**COMPLETE REVERSE SIDE OF THIS FORM**	
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: _____