

AFFIDAVIT OF UNDUE BURDEN

Section 99.097(4), Florida Statutes

I certify under oath that I intend to qualify as a candidate for the office of _____ and that I am unable to pay the fee for verification of petition signatures for that office without imposing an undue burden on my personal resources or on resources otherwise available to me.

Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

Print name of candidate

Signature of candidate

Residence address (do not use post office box)

City

State

Zip Code

(_____)_____
Day Phone

(_____)_____
Fax Number