

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.

X

Signature of Candidate		Print Candidate's name	
Address		City	
State		()	
Zip	Telephone Number		

State of Florida

County of _____

Sworn to (or affirmed) and subscribed before me this _____ **day of** _____, **20**____
by _____.

Personally Known: _____ or

Produced Identification: _____

Type of Identification Produced:

Signature of Notary Public – State of Florida
Print, Type or Stamp Commissioned Name of
Notary Public