

**AFFIDAVIT OF UNDUE BURDEN FOR MUNICIPAL CANDIDATES
(Election Assessment Only)**

Section 99.093, Florida Statutes

I swear (or affirm) under oath that I intend to qualify as a candidate for the office of

and that I am unable to pay the 1% election assessment fee 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 no use post office box)

City State Zip Code