

SAMPLE AFFIDAVIT OF INDIGENCY

STATE OF ALABAMA

_____ COUNTY

CITY [TOWN] OF _____

I, the undersigned, being first duly sworn depose and say that I am a citizen of the City [Town] of _____ in said County, and reside at _____ in said City [Town]; that I desire to become a candidate for the office of _____ in said City [Town] for the term of four years at the election of such office to be held on _____ and at a runoff election, if necessary, to be held on _____; that I am duly qualified to hold such office if elected thereto; that I am indigent and financially unable to pay the qualifying fee established to become a candidate for such office and hereby request a waiver of this fee pursuant to ordinance of the City [Town] of _____, and I hereby request that my name be printed upon the official ballot at said election.

(Signed)

Subscribed and sworn to before me

said _____ on this

___ day of _____, 20__.

Style of Officer