STATE OF DELAWARE
STATE ELECTION COMMISSIONER
DOVER, DELAWARE 19901

STATE OF DELAWARE
INSTRUCTIONS FOR AN INDIVIDUAL
TO FILE AS AN INDIGENT CANDIDATE

An individual may file as an indigent candidate to run for public office if he/she is unable to tender the required filing fee and meets one of these two requirements:

1) Receiving benefits under the Supplemental Security Income Program for the Aged, Blind, and Disabled (Title 42 U.S.C. Subchapter XVI), **OR**
2) The State Election Commissioner determines that the individual meets the income and resource test for such benefits under 42 U.S.C. 1382 as applied to Delaware residents.

The income and resource test given by the State Election Commissioner may require the individual, under oath, to provide the following information that might validate their claim of indigence:

1) information from banks
2) the social security administration
3) credit reporting services
4) Whatever is necessary to make the determination of indigency.

If an individual is not determined to be indigent, the filing fee cannot be greater than 1% of the total salary for the entire term of office for which the candidate is filing. Once it is established that the person is indigent, the filing fee is waived. However, the indigent must present a nomination petition by the deadline for notification of candidacy.

COMMISSIONER OF ELECTIONS

Affidavit Of Indigency

STATE OF DELAWARE

_____ COUNTY

I, _____ (print here), do hereby swear or affirm that I am indigent and therefore am not required to file the fee in accordance with 15 Del. C. § 3103(b) for the office of:

_____

I am unable to pay at this time for the following reason(s):

_____

_____

_____

All persons seeking to qualify as indigent must answer the following questions:

1. Are you receiving benefits under the Supplemental Security Income Program for the Aged, Blind and Disabled under Title 42, U.S.C. Subchapter XVI? ☐ Yes ☐ No
2. Are you presently employed?
   a. If the answer is "yes", state the amount of your salary or wages per month, and give the name and address of your employer. (list both gross and net salary)

   ☐ Yes ☐ No

   b. If the answer is "no", state the date of last employment and the amount of the salary and wages per month which you received.

3. Have you received within the past twelve months any money or thing of value from any of the following sources?
   a. Business, profession or other form of self-employment? ☐ Yes ☐ No
   b. Rent payments, interest or dividends? ☐ Yes ☐ No
   c. Pensions, annuities or life insurance payments? ☐ Yes ☐ No
   d. Gifts or inheritances? ☐ Yes ☐ No
   e. Any other sources? ☐ Yes ☐ No
   f. Room and/or Board ☐ Yes ☐ No

If the answer is "yes", describe each source of money or thing of value and state the amount received from each during the past twelve months.

4. Do you own any cash, or do you have money in checking or savings accounts? ☐ Yes ☐ No
If the answer is "yes", state the total value of the items owned.

5. Do you own or have any interest in any real estate, stocks , bonds, notes, automobiles or other valuable property (excluding ordinary household furnishings and clothing)?
☐ Yes ☐ No If the answer is "yes", describe the property and state its approximate value.

6. Did you file State or Federal Income Tax returns for the year immediately preceding the present year? during the past year.
☐ Yes ☐ No If so, you must attach copies of those returns to this affidavit.

7. Have you ever applied for permission to proceed in forma pauperis (as a pauper) in any court?
☐ Yes ☐ No If yes, for each instance state the name of the court, the name of the case, the civil action number and whether such permission was granted or denied.

I declare under penalty of perjury that the foregoing is true and correct.

_____
Signature of Affiant

_____

_____

_____
Address

_____
Telephone

Sworn to and subscribed before me this date, _____ 19, _____ .

_____
Signature of Notary Public

NOMINATION PETITION GUIDELINES

☆ The number of signatures needed on the petition is equivalent to 1% of the persons who, at the time the petition is presented, are registered voters in all of the election districts where the candidate would appear on the ballot.

☆ The person signing can only sign one petition for each office that is to be filled unless two or more persons are to be elected to the same office.

*In any case, you can only sign the number of petitions that you are actually eligible to vote for in an election.

☆ The signer must be a registered member of the party designated in the petition.

☆ Each signer must declare his/her street address and the date the petition was actually signed.

☆ The signer must be a registered voter of the county in which the candidate will run in and be of the same party as the candidate.

NOMINATION PETITION FORMAT

☆ Petitions can begin circulation on January 1 of the year in which the election is to take place.

☆ Nomination petitions may be on one or more sheets of paper.

☆ Individual sheets may be used for signers who reside in different counties.

*If more than one sheet is involved, each sheet should be numbered consecutively and bound together when presented for filing.

☆ Each sheet shall bear the affidavit of the person responsible for circulating the petition.

*To the best of the candidate's knowledge and belief, the signers are registered voters in election districts where the candidate appears on the ballot and are members of the same political party as the candidate.

PETITION
TO SECURE INDIGENT STATUS
ON THE BALLOT

CANDIDATE _____

OFFICE _____ PARTY AFFILIATION _____

By dating and affixing my printed name and signature to this petition, I hereby swear or affirm that: (1) my full name, address at which registered, and Social Security number* are as stated herein; (2) I am a duly registered elector residing in the County stated below; (3) I desire that _____ shall have his/her name listed in the General Election; (4) the date entered opposite my signature is the date on which I signed this petition; and (5) I have read and understand this paragraph, and I understand that by intentionally entering false information hereon I shall be subject to prosecution for perjury.

*Disclosure of your Social Security number on this petition is voluntary and your signature will not be disqualified for failure to supply your number. Until the petition is turned over to the state, the state has no control over any uses made of the petition. Once in the control of the state, your Social Security number derived from the petition will be used for administrative purposes relating to voting, including to identify you as a registered voter, to prevent duplication of names on petitions, and to verify your address and other information. The foregoing is pursuant to 5 U.S.C.A. Section 552(a) note (Section 7 of the Privacy Act) and 15 Del. C. Section 3002.

SIGNATURE PRINTED NAME (SIGN AND PRINT AS REGISTERED)	PRINT YOUR COMPLETE ADDRESS AND ZIP CODE	*SOCIAL SECURITY NUMBER	COUNTY	DATE SIGNED
Example: John E. Brown John E. Brown	1601 Van Burn Street Wilmington, DE 19803	221-09-8389	NCC	7/10/78