

**AFFIDAVIT OF FINANCIAL HARDSHIP**  
(Section 99.093(2), Florida Statutes)

I, \_\_\_\_\_, a candidate for the office of  
Print Name  
New Port Richey City Council do hereby certify, pursuant  
to Section 99.093(2), Florida Statutes, that I am unable to pay the 1% election assessment of  
\$ 75.00 to qualify for nomination or election to public office because paying the  
assessment would be an undue burden on my personal financial resources or on the financial  
resources available to me. Under penalty of perjury, I declare that I have read the foregoing and  
that it is a true and correct statement.

\_\_\_\_\_  
Date Signature of Candidate

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_  
, 20\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public – State of Florida

**Print, Type, or Stamp Commissioned Name of Notary Public**

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
*Received by:*

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

City \_\_\_\_\_ Date of Election: \_\_\_\_\_

Remit within 30 days of close of qualifying to:  
Florida Elections Commission  
107 West Gaines Street, Suite 224  
Tallahassee, Florida 32399  
Telephone: 850.922.4539 Fax: 850.921.0783