

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.

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? 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, _____, 20____.

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.

Candidate Name: _____

Office Sought: _____

Party: _____

By dating and affixing my printed name and signature to this petition, I hereby swear and affirm that 1) my full name, address at which registered, and Voter ID number (if supplied) are as stated herein; 2) I am a duly registered elector residing in the County stated below; 3) I desire that the Candidate listed above shall have his or her name listed on the ballot for the 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.

NOTE: Disclosure of your Voter ID number on this petition is voluntary. Your signature will not be disqualified for failure to supply your number. Until the petition is turned over to the State of Delaware, the State has no control over any uses made of it. Once in the control of the State, your Voter ID number derived from this petition will be used only for administrative purposes relating to voting, including identifying you as a registered voter, preventing duplication of names on petitions and verifying your address and other information.

#	Signature and Printed Name (Sign and print your full name as you are registered)	Print your Complete Address and Zip Code	County of Residence	Date Signed
1	PRINT YOUR FULL NAME:	ADDRESS:	(N,K, or S)	DATE:
	SIGNATURE:			
	VOTER ID: (Optional)			
2	PRINT YOUR FULL NAME:	ADDRESS:	(N,K, or S)	DATE:
	SIGNATURE:			
	VOTER ID: (Optional)			
3	PRINT YOUR FULL NAME:	ADDRESS:	(N,K, or S)	DATE:
	SIGNATURE:			
	VOTER ID: (Optional)			
4	PRINT YOUR FULL NAME:	ADDRESS:	(N,K, or S)	DATE:
	SIGNATURE:			
	VOTER ID: (Optional)			
5	PRINT YOUR FULL NAME:	ADDRESS:	(N,K, or S)	DATE:
	SIGNATURE:			
	VOTER ID: (Optional)			

Candidate Name: _____

Office Sought: _____

Party: _____

#	Signature and Printed Name (Sign and print your full name as you are registered)	Print your Complete Address and Zip Code	County of Residence	Date Signed
6	PRINT YOUR FULL NAME:	ADDRESS:	(N,K, or S)	DATE:
	SIGNATURE:			
	VOTER ID: (Optional)			
7	PRINT YOUR FULL NAME:	ADDRESS:	(N,K, or S)	DATE:
	SIGNATURE:			
	VOTER ID: (Optional)			
8	PRINT YOUR FULL NAME:	ADDRESS:	(N,K, or S)	DATE:
	SIGNATURE:			
	VOTER ID: (Optional)			
9	PRINT YOUR FULL NAME:	ADDRESS:	(N,K, or S)	DATE:
	SIGNATURE:			
	VOTER ID: (Optional)			
10	PRINT YOUR FULL NAME:	ADDRESS:	(N,K, or S)	DATE:
	SIGNATURE:			
	VOTER ID: (Optional)			

I witnessed the placing of each signature on this petition and, to the best of my knowledge and belief, all persons who signed this petition were duly registered voters of the County involved. In addition, I understand that by intentionally entering false information hereon I shall be subject to prosecution for perjury.

SIGNATURE OF WITNESS

ADDRESS OF WITNESS

Sworn before me this _____ day of _____, 20_____.

NOTARY PUBLIC

COUNTY