

## Candidate for Elected Office Affidavit Verifying Primary Residential Address of Candidate by Homeowner or Legal Entity

l,	Name of Homeowner or Lega	15 (1) 01 15	······································
(Print or Type	Name of Homeowner or Lega	al Entity & Legal Representa	tive′s Name)
hereby swear (or affirm) t	hat		resides at
	(Print or Type C	Candidate's Name)	
the property I own or which	ch is owned by the legal entit	y I legally represent.	
I verify that the address a	t which the candidate resides	is as follows:	
House Number	St	reet Name	
		DE	
Apartment/Unit	City	State	ZIP
is not in the candidate	of the specified candidate of some of Representative of some or Representative of some of the second	II not be deemed complete	e without the
Date:			
(Si	gnature of Home Owner or Re	epresentative of Legal Entity)	
Please check and complet	te one of the following:		
☐ I am the Homeowner.			
☐ I am the Legal Repres	sentative of the Legal Entity _	(Print Name of Legal E	
		(Print Name of Legal Ei	ntity)
	For Office Use	Only	
Received by:		Date:	