



STATE OF DELAWARE
DEPARTMENT OF ELECTIONS

Candidate for Elected Office
**Affidavit Verifying Primary Residential Address of Candidate
by Property Manager or Property Owner**

I, _____, hereby swear (or affirm) that
(Print or Type Name of Property Manager or Owner)

_____ resides at the property I manage and/or own.
(Print or Type Candidate's Name)

I verify that the address at which the candidate resides is as follows:

_____ Street Name

House Number

_____ City _____ State _____ ZIP Code

Apartment/Unit

I acknowledge and understand that in accordance with Section 3114(a)(3)(b) of Title 15 of the Delaware Code, as property manager and/or owner, I am signing this affidavit under penalty of perjury verifying the residential address of the specified candidate due to the fact that the candidate is primarily residing at this residence without a lease or rental agreement and the candidate's name does not otherwise appear in the proof of home ownership. This Affidavit will not be deemed complete without the signature of the Property Manager or Property Owner.

Date: _____

(Signature of Property Manager or Property Owner)

----- For Office Use Only -----

Received by: _____ Date: _____