

**QUALIFYING PETITION
FOR FILING AS A PAUPER**

FOR _____
(CANDIDATE'S NAME)

TO: _____
(Name of Officer with whom petition is filed)

(Title of Officer)

Each of the undersigned persons does hereby PETITION TO QUALIFY

_____, _____
(Candidate's Name) (Profession, business or occupation, if any)
who resides at _____
(Place of residence, with street and number, if any)
to file as a PAUPER for the office of _____, as a
(Political party or body affiliation, if any) to be filled at the _____
(Name and date of primary or election)

Each of the undersigned petitioners hereby declares that he or she is a duly QUALIFIED AND REGISTERED ELECTOR of the State of Georgia entitled to vote in the next election for the filling of the office sought by the candidate supported by this petition.

No person shall sign the same petition more than once.

(Sign Only Your Own Name)

County of Signers: _____

(Personal Signature) <small>(Print name under signature)</small>	Date of Birth	Residence Address <small>(Number, street [if any], city)</small>	County	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

CIRCULATOR'S AFFIDAVIT

STATE OF GEORGIA

COUNTY OF _____

I, the undersigned, being first duly sworn on oath, do depose and say that I personally circulated the foregoing petition sheet; that I reside at the address appearing below my signature hereon; that each signer manually signed his or her own name on this sheet with full knowledge of the contents of such petition; that each such signature was signed on or after _____, 20____, but not later than _____, 20____; and, to the best of my knowledge and belief, that such signers are registered electors of the State of Georgia qualified to sign such petition, that their respective residences are correctly stated in the petition, and that they all reside in the county named in the caption of this affidavit.

Signature of Circulator

(Print Name of Circulator)

Address of Circulator (Number, Street (if any))

(City) (State) (Zip Code)

NOTE: No notary public may sign the petition as an elector or serve as a circulator of any petition which he or she notarized. Any and all sheets of a petition that have the circulator's affidavit notarized by a notary public who also served as a circulator of one or more sheets of the petition or who signed one of the sheets of the petition as an elector shall be disqualified and rejected. O.C.G.A. 21-2-170

Sworn to and subscribed before me this

_____ day of _____, 20____

Notary Public

My Commission Expires _____

TO: _____
 (Name of Filing Officer)

 (Title of Office)

AFFIDAVIT TO QUALIFY IN FORMA PAUPERIS

I, _____, on oath, do hereby affirm my poverty and my resulting inability to pay the qualifying fee required by law.

I further swear or affirm that I have neither the assets nor the income to pay the qualifying fee required by law.

I further swear or affirm that the responses which I have made to the questions and instructions below relating to my ability to pay the qualifying fee required by law are true.

I. ASSETS

Include all assets in which you have any interest whether by legal or equitable title, joint ownership, partnership interest, or beneficiary of a trust, including assets held by others on your behalf. Use additional sheets of paper to complete items if more space is needed.

		Present Value of Your Interest
<u>Cash</u>		
Checking (name of Bank)	_____	\$ _____
Savings (name of Bank)	_____ _____	_____ _____
<u>Stocks and Bonds</u>		
	_____ _____	_____ _____
<u>Notes and Accounts Receivable</u>		
	_____ _____	_____ _____
<u>Real Estate</u>		
Residence (location)	_____	_____
Other (location)	_____	_____
<u>Insurance Cash Value</u>		
(Name of Company and Cash Value)	_____ \$ _____	
	_____ \$ _____	
	_____ \$ _____	
Total Cash Value	_____	_____
<u>Automobiles</u>		
(Make, Year, Model)	_____ _____ _____	_____ _____ _____
<u>Other Assets</u>		
	_____ _____ _____	_____ _____ _____

TOTAL ASSETS (Total of all items in I, above) \$ _____

II. INCOME

A. List average monthly amount for all items below:

SOURCE OF INCOME	Name and address of employer, business, or source of income	Monthly Average
Salary, Wages, Tips	_____	\$ _____
	_____	_____
Income from Self-Employment	_____	_____
	_____	_____
Rents Received	_____	_____
	_____	_____
Interest Received	_____	_____
	_____	_____
Dividends Received	_____	_____
	_____	_____
Other Income	_____	_____
	_____	_____

TOTAL AVERAGE MONTHLY INCOME (Total of all items in II(A), above) \$ _____

B. List average monthly amount for all items below:

Liabilities	Name and address of Creditors	Monthly Average
Home Mortgage	_____	\$ _____
	_____	_____
Automobile Loans	_____	_____
	_____	_____
Personal Loans	_____	_____
	_____	_____
Consumer Credit	_____	_____
	_____	_____
Credit Cards	_____	_____
	_____	_____
Other Liabilities	_____	_____
	_____	_____

TOTAL AVERAGE MONTHLY LIABILITIES (Total of all items in II(B), above) \$ _____

TOTAL AVERAGE MONTHLY DISPOSABLE INCOME (II(A) - II(B)) \$ _____

III. DEPENDENTS

List the names and relationship of all persons dependent upon you for financial support.

Name	Relationship
_____	_____
_____	_____
_____	_____

WARNING: Any person knowingly making any false statement on this affidavit commits the offense of false swearing and shall be guilty of a felony.

Applicant

Sworn to and subscribed before me this _____ day of _____, 20 ____

Notary Public

My Commission Expires: _____