

**AFFIDAVIT OF ELIGIBILITY**

My name is (print): \_\_\_\_\_

I am aware of the requirements for holding office. I further attest that I am eligible to hold the following office, if elected to this office. I am also aware of the limitations on filling for multiple offices in the same election.

Position: \_\_\_\_\_

District/Division/Ward/Zone (if applicable): \_\_\_\_\_

Position Number or other description (if applicable): \_\_\_\_\_

By my signature below, I swear or affirm that the above statements are true and complete.

\_\_\_\_\_  
**Signature of Candidate**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Residential address of Candidate (Street)**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**City, State, Zip Code**

**VERIFICATION**

*State of Arkansas* )  
*County of* \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public, duly authorized and acting, **personally appeared** \_\_\_\_\_ (name of Candidate), known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereunto I hereunto set my hand and official seal on the date set forth above.

\_\_\_\_\_  
**Notary Public (or other authorized officer)**

[Notary Seal]

My Commission expires: \_\_\_\_\_