

No. _____

Guardianship of _____

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County Court At
Law No. _____

An Incapacitated Person

Johnson County, Texas

Affidavit of Inability to Pay Costs

The person who signed this affidavit appeared, in person, before me, the undersigned notary, and stated under oath:

“My name is _____ My phone number is: _____.

“My mailing address is _____.

“I am above the age of eighteen (18) years, and I am fully competent to make this affidavit. I am unable to pay court costs. The nature and amount of my income, resources, debts, and expenses are described in this form.

“ I receive these public benefits that are based on indigency:

- SSI
- TANF
- AABD
- Emergency Assistance
- Needs-Based VA Pension
- Child Care Assistance under Child Care and Developmental Block Grant
- (other): _____
- WIC
- Medicaid
- Public Housing
- Community Care via DADS
- County Assistance, County Health Care, or General Assistance (GA)
- Food Stamps/SNAP
- CHIP
- Low-Income Energy Assistance
- LIS in Medicare “Extra Help”

If you receive any of the above public benefits, attach proof and label it “Exhibit: Proof of Public Benefits”

My income source are stated below:

Unemployed since: _____ (date)

Or

Wages: I work as a _____ for _____
Job Title) Employer

- Child/Spousal Support
- Tips, bonuses
- Unemployment
- 2nd job or other income: _____ (describe)
- My Spouse’s income or income from another member of my household
- Military Housing
- Social Security
- Worker’s Comp
- Retirement/Pension
- Disability
- Dividends, interest, royalties

“My income amounts are stated below:

- (A) My monthly gross income before deductions are taken out: \$ _____
- (B) The amount I receive each month in public benefits is: \$ _____
- (C) The amount of income from other people in my household is: \$ _____
(If they contribute to your household income)
- (D) The amount I receive from other sources is: \$ _____
- (E) My TOTAL monthly income: = \$ _____

About my dependents:

“The people who depend on me financially are listed below:

Name	Age	Relationship to Me
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

“ My property includes: Value*
 Cash \$ _____
 Bank Accounts, other financial assets _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Vehicles (cars, boats) (make & year) _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Real estate (house and land) (Address or description) _____
 _____ \$ _____
 _____ \$ _____
 Other property (jewelry, stocks, etc.) _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Total value of property = \$ _____

My monthly expenses are:
 Rent/house payments and maintenance \$ _____
 Food and household supplies \$ _____
 Utilities and telephone \$ _____
 Clothing and laundry \$ _____
 Medical and dental expenses \$ _____
 Insurance (life, health, auto, etc.) \$ _____
 School and child care \$ _____
 Transportation, auto repair, gas \$ _____
 Child/spousal support \$ _____
 Wages withheld by court order \$ _____
 Debt payments to: (list) \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Total Monthly Expenses = \$ _____

* The value is the amount the item would sell for less the amount you still owe on it (if anything)

“My debts include (list debt and amount owed):

“I am unable to pay court costs. I verify the statements made in this affidavit are true and correct.”

Check here if add another page of proof.

Do not sign until you are in front of a notary.

→ _____
 Signature of Person Signing Affidavit Date

State of Texas
 County of _____

Sworn to and subscribed before me, the undersigned notary, on _____ by _____

 (Name of Person Signing Affidavit)

 Notary's Signature