

**Affidavit of Inability to Pay Costs**

No. \_\_\_\_\_

Guardianship of \_\_\_\_\_, §  
 \_\_\_\_\_, §  
 An Incapacitated Person §  
 §  
 §  
 §  
 Probate Court  
 Of  
 Hill 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 sources are stated below:

Unemployed since: \_\_\_\_\_ (date)

Or

Wages: I work as a \_\_\_\_\_ (Job Title)  
 \_\_\_\_\_ (Employer)

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

“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 this date \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_:\_\_\_\_ m. by

\_\_\_\_\_  
 (Name of Person Signing Affidavit)

\_\_\_\_\_  
 Notary's Signature