

Affidavit of Inability to Pay Costs for Appeal (Evictions)

Case No. _____ § In the Justice Court of

Landlord § Harris County, Texas
§
vs. §

Tenants § Precinct _____, Place _____
§

My name is _____,

and I am the Tenant in the above eviction proceeding. I am unable to pay the costs of appeal or to file an appeal bond in order to appeal the Judgment entered on _____

In order to appeal this proceeding, I am giving the following information under oath:

Tenant's Identity

Full Name:	
Address: _____ City, State, and Zip Code _____	
Home Telephone: _____	Cellular Phone: _____
Former Address: _____	
Date of Birth: _____	Place of Birth: _____
Employer: _____	
Employment Address: _____	
Work Telephone: _____	Job Title or Duties: _____
Supervisor's Name: _____	

Spouse's Name: _____	
Spouse's Address: _____ City, State, and Zip Code _____	
Spouse's Home Telephone: _____	Spouse's Cellular Phone: _____
Spouse's Employer: _____	
Spouse's Employment Address: _____	
Spouse's Work Telephone: _____	Spouse's Supervisor's Name: _____

Tenant Income

Monthly earnings:		
Other income: Description:		Amount:

Spouse's Income

Spouse's monthly earnings:		
Other income: Description:		Amount:

Government Entitlement Income

<i>Unemployment Benefits</i>	<i>Benefit Amount</i>
AFDC:	
Social Security:	
Disability:	
Veteran's Benefits:	
Child Support:	

Other Entitlement Benefits:	Amount:
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All Other Income

Description:	Amount:
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Accounts in Financial Institutions

Checking Accounts: Financial Institution:	Account Number:	Current Balance:
Saving Accounts: Financial Institution:	Account Number:	Current Balance:

Real Property Owned other than Homestead

Description:	Address:	Value:
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Personal Property (*other than household furnishings, clothes, tools of a trade, or personal effects*)

Description:	Value:
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Debts

Description:	Total Due:	Monthly Payment:

Monthly Expenses (for example, food, transportation, child care, health care, etc.)

Description:	Amount:

Dependants

Name:	Address:	Age:	Relationship:

Date Completed_____
SignatureTHE STATE OF TEXAS
COUNTY OF HARRIS§
§

BEFORE ME, the undersigned authority, on this day personally appeared _____, who upon oath, stated that he/she is the Tenant making this Pauper's Affidavit and that the information provided is true and correct.

SWORN TO AND SUBSCRIBED before me on _____

NOTARY PUBLIC, State of Texas_____
Clerk

Note: An *Affidavit of Inability to Pay Costs for Appeal* must be filed with the Justice Court not later than the 5th day after the date of judgment. If approved, the tenant must pay rent, as it becomes due during the pendency of the appeal. If the tenant fails to pay rent during the appeal, the landlord may file with the County Courts a sworn motion requesting immediate possession of the premises.