

3. WHAT IS YOUR MONTHLY INCOME AND INCOME SOURCE?

“I get this monthly income:

\$ _____ in monthly wages. I work as a _____ for _____.
Your job title Your employer

\$ _____ in monthly unemployment. I have been unemployed since (date) _____.

\$ _____ in public benefits per month.

\$ _____ from other people in my household each month. (List only if other members contribute to your household income).

\$ _____ from Retirement/Pension Tips, bonuses Disability Worker’s Comp
 Social Security Military Housing Dividends, interest, royalties
 Child/spousal support
 My spouse’s income or income from another member of my household

\$ _____ from other jobs/sources of income. (Describe) _____.

\$ _____ is my **TOTAL MONTHLY income.**

4. WHAT IS THE VALUE OF YOUR PROPERTY?

“My property includes: Value
Cash \$ _____
Bank accounts, other financial assets _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
Vehicles (cars, boats) (make & year) _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
Other property (like jewelry, stocks, land, another house, etc.) _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
Total Value of Property \$ _____

5. WHAT ARE YOUR MONTHLY EXPENSES?

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

6. ARE THERE DEBTS OR OTHER FACTS EXPLAINING YOUR FINANCIAL SITUATION?

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

(If you want the Court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled “Exhibit: Additional Supporting Facts.”) Check here if you attach another page.

7. DECLARATION

I declare under penalty of perjury that the foregoing is true and correct. I further swear that I cannot afford to pay an attorney or pay court costs. I understand that if I intentionally or knowingly give false information either in this affidavit or during any hearing on my financial status, that I may be prosecuted for aggravated perjury and if convicted, be sentenced up to ten (10) years in the penitentiary.

My name is _____. My date of birth is ____/____/_____.

My address is _____.

_____. Signed on ____/____/_____ in _____, County, Texas.

Signature