

# 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: <div style="border: 1px solid black; height: 100px;"></div>	Total Due: <div style="border: 1px solid black; height: 100px;"></div>	Monthly Payment: <div style="border: 1px solid black; height: 100px;"></div>
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**Monthly Expenses** (for example, food, transportation, child care, health care, etc.)

Description: <div style="border: 1px solid black; height: 100px;"></div>	Amount: <div style="border: 1px solid black; height: 100px;"></div>
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**Dependants**

Name:	Address:	Age:	Relationship:
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\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Signature

THE 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 5<sup>th</sup> 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.