## **Eviction – Affidavit in Lieu of Appeal Bond – inability to pay appeal bond** TRCP 572

	NO		_				
	(PLAINTIFF)	§		IN THI	E JUSTIC	CE COURT	
VS.		§			PCT. 1	1, PLACE 1	
	(DEFENDANT)	§		WOOI	COUN	TY, TEXAS	
AFFIDAVIT							
BEFORE ME	, the undersigne	ed authori	ty, on	this	day	personally	
appeared	, Pla	aintiff/Defenda	nt in the	above-styl	ed and	numbered	
cause, and, as appellant,	desires to appeal to the	e County Cou	rt of Wood	d County, Te	exas; and	d, being by	
me duly sworn, on oath s	states that, on the	_ day of		, 20_	, in	the above-	
styled and numbered caus							
Place 1, Wood County, Te							
judgment against							
and that appellant is unab							
any part thereof.	. , , , , ,	, ,,		, 3	,		
, p							
		APPELLA	ANT				
SWORN TO AND SUBSCRIBED before me by the said							
this the day of	,	20, to ce	rtify which	n witness m	y hand a	and seal of	
office.							
			ıblic in and	d for			
		State of T	exas Name (prin	ited).			
		140taly 31	tarrio (prin				
		My comm	ission exp	ires.			
		iviy Collilli	ission exp	1100.			

## Affidavit of Inability to Pay Costs – Eviction Appeal by Tenant TRCP Rule 145

C	DAUSE NO	
	§	IN THE JUSTICE COURT
(LANDLORD)		
VS.	§	PCT. 1, PLACE 1
	§	WOOD COUNTY, TEXAS
(TENANTS)		
AFFIDAVIT OF IN	NABILITY TO PAY COSTS - E	EVICTION APPEAL
unable to pay the court costs of appearand correct, and contain complete in entitlement income, the nature and	eal therein. I verify that the stanformation as to my identity, the amount of employment income to me, property owned (other	bove-styled and numbered cause, amatements made in this affidavit are true and amount of governmentane, other income, (interest, dividends than homestead), cash or checking
Tenant's Identity Full Name:		
Address:		
Home Telephone:	Cellular Ph	one:
Former Address:		
Date of Birth:	_ Place of Birth:	
Employer:		
Employment Address:		
Work Telephone:	Job Title or Duties:	
Supervisor's Name:		
Tenant's Income		
Monthly earnings:		
Amount:		
Other Income:		

Description: Spouse's Income and Identity	Amount:		
Other income:			
Description:	Amount		
	Spouse's Cellular Phone:		
	·		
	Spouse's Supervisor's Name:		
Government Entitlement Income			
Unemployment Benefits:		(amount)	
• •		,	
Other		(amount)	
	Amount:		
All Other Income of Tenant	Amount.		
	Amount:		
Accounts in Financial Institutions			
Checking Accounts:			
	Current Balance:		
Account Number:			

Savings Accounts:				
Name of Financial Institution:				
Account Number:	Current Balance:			
Name of Financial Institution:				
Account Number:	Current Balance:			
Real Property Owned by Tenant				
Description:				
Address:	Value:			
Description:				
Address:	Value:			
Personal Property Owned by Tena or personal effects)	ant (other than household furnishings,	clothes, tools of a trade		
Description:	Value: _			
Description:	Value: _	Value:		
Description:	Value: _			
Debts				
Description:	Total Due:	Monthly Payment:		
Monthly Expenses (for example, for	ood, transportation, child care, health ca	nre, etc.)		
Description:	Amount:			

## **Dependants of Tenant** Name: \_\_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_ Address: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_ Name: \_\_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_ Name: \_\_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_ Address: \_\_\_\_\_ Date Completed: Signature of Tenant § § THE STATE OF TEXAS COUNTY OF WOOD **BEFORE ME**, the undersigned authority, on this day personally \_\_\_\_, 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 the \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_. Notary Public in and for State of Texas Notary's Name (printed):

My commission expires: