

IN THE GUARDIANSHIP OF \_\_\_\_\_ No. § IN THE PROBATE COURT  
 , § § NO. 2  
 AN INCAPACITATED PERSON § TARRANT COUNTY, TEXAS

**AFFIDAVIT OF WARD'S INABILITY TO PAY**

The undersigned appeared before me, a notary public, and after being duly sworn, declared the following:

As Guardian, I, \_\_\_\_\_, declare that the Ward, \_\_\_\_\_, has insufficient assets and income to pay court costs in this guardianship proceeding. In support of such conclusion, I am aware of the following information concerning the Ward. (please put n/a by all items that do not apply)

1. Ward's Income (per month) TOTAL INCOME \_\_\_\_\_
  - a. Social Security: \_\_\_\_\_
  - b. Supplemental Security Income: \_\_\_\_\_
  - c. Food stamps: \_\_\_\_\_
  - d. Other income: amount: \_\_\_\_\_ sources: \_\_\_\_\_
2. Ward's Assets (list value) TOTAL ASSETS \_\_\_\_\_
  - a. Home: \_\_\_\_\_
  - b. Mortgage amount: \_\_\_\_\_
  - c. Automobiles: \_\_\_\_\_
  - d. Bank Accounts: \_\_\_\_\_
  - e. Certificates of Deposit: \_\_\_\_\_
  - f. Stocks & Bonds: \_\_\_\_\_
  - g. Other assets: type: \_\_\_\_\_  
value: \_\_\_\_\_
3. Ward's Expenses (per month) TOTAL EXPENSES \_\_\_\_\_
  - a. Housing: \_\_\_\_\_
  - b. Food: \_\_\_\_\_
  - c. Medical: \_\_\_\_\_
  - d. Clothing: \_\_\_\_\_
  - e. Utilities: \_\_\_\_\_
  - f. Misc.: \_\_\_\_\_

I swear under penalty of perjury that the above information is complete and correct.

\_\_\_\_\_

SUBSCRIBED AND SWORN TO before me by \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC, STATE OF TEXAS