

No. PR-_____

GUARDIANSHIP OF

_____ ,

AN INCAPACITATED PERSON

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PROBATE COURT

OF

GALVESTON COUNTY, TEXAS

AFFIDAVIT OF INDIGENCY

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

As Proposed Guardian, I, _____ declare that I have insufficient assets and income to pay court cost in this guardianship proceeding according to the Estates Code §1155.151. In support of such conclusion, I am aware of the following information.

<u>Household Monthly Income</u>	<u>Amount per Month</u>	<u>Description of Source</u>
Salary	\$	
Government entitlement (e.g. Social Security, SSI, VA, etc.)	\$	
Other Source of Income	\$	
Total Monthly Income	\$	Number of Persons in the household _____

<u>Household Monthly Expenses</u>	<u>Amount per Month</u>	<u>Description of Expenses</u>
Rent or Mortgage	\$	
Average Utilities (Gas, Electric, water)	\$	
Medical Expenses	\$	
Automobile Payments	\$	
Other (Grocery, insurance, clothing, etc.)	\$	
Total Monthly Expense	\$	

<u>Proposed Guardian's Assets</u>	<u>Value</u>	<u>Description of Asset(s)</u>
Real Property (Other than Homestead)	\$	
Bank Accounts, Stocks & Bonds, Certificates of Deposit	\$	

