No. 18-41197 CORRECTED 9N THE 726 SUPREME COURT OF THE UNITED STATES WINGROVE OBIN SOMPETITIONER (Your Name VS. KAINTRÉE TOWER APTS RESPONDENT(S) MAY 17 2019 MOTION FOR LEAVE TO PROCEED IN FORMA PAUPER

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

DISTRICT COURT OF APPEALS ISTRICT COURT, SOUTHERN DIVISION, JEFFERSON

COUNTY, 72-77701 \Box Petitioner has not previously been granted leave to proceed in forma pauperis in any other court.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

 \Box Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

□ The appointment was made under the following provision of law: _____

a copy of the order of appointment is appended.

AFFIDAVIT OR DECLARATION IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

I, WINGROVE KOBINSCAR the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

	-	age monthly amount during past 12 months		Amount expected next month	
		You	•		Spouse
Employment				\$ 00 2	
Self-employment		\$ 00	\$_N/A_	\$_10\$ \$_00\$	\$_N/A_
Income from real prope (such as rental income		\$ 00 \$	\$ <u>N/A</u>	\$ 00%	\$_ <u>N/A</u> _
Interest and dividends		\$ 00 %	\$_N/A	\$_ 00 Z	\$_N/A
Gifts		\$_00 ×	\$_N/A	\$ 00 %	\$_N/A
Alimony				\$ 00 %	
Child Support		\$ 00 20	s_N/A	\$ 10 ×4	\$ N/A
Retirement (such as so security, pensions, annuities, insurance)	cial	\$- 9,492	\$_N/A	\$ 00 %	\$ <u>_N/A</u> _
Disability (such as social security, insurance pay			·	\$ 00 %	
Unemployment paymen	its			\$ 00 Ex	
Public-assistance (such as welfare)				\$ 00 \$	<i>i</i>
Other (specify):		\$ 00 %	s N/A	\$ DT Fr	\$ 1V [A
Total monthly in	come:	\$ 791 ×x	<u> </u>	\$ 00 %	\$_N/A

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of	Gross monthly pay
NONE	NONE	Employment	\$ 00 %x
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of	Gross monthly pay
NONE	NONÉ	Employment	\$ 00 00
			\$

4. How much cash do you and your spouse have? \$ 8 22 Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
CHECKING	\$ 8 92 x	\$ 00 ax
	\$	\$
	\$	\$

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home

NONE Value

□ Other	real estate	
Value	NONE	_

□ Motor Vehicle #1 Year, make & model __/YOYE____ Value _____

☐ Motor Vehicle #2	
Year, make & model	NONE
Value	

 \Box Other assets Description <u>NONE</u> Value _____



6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
STATE OF TEXAS	\$ 15,000	\$ 000
STATE OFTEXAS	\$ 138	\$_600
COLUMBIA MUTU	AB 129,000	\$_000

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

. . . .

Name N0B0DY	Relationship	Age NONE

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	YOU
Rent or home-mortgage payment (include lot rented for mobile home) Are real estate taxes included?	\$ 00 00 \$X
Utilities (electricity, heating fuel, water, sewer, and telephone)	SPART OF
Home maintenance (repairs and upkeep)	S RENTAL
Food	\$ 100 24
Clothing	\$ 000 %
Laundry and dry-cleaning	SELF
Medical and dental expenses	* MEDICA

\$ 00 2

Your spouse

 $\mathcal{N}\mathcal{O}$ PO 00

00%

MEDICARE PROVIDED MEDICAIR BY STR WELL CARE NET BY STAT

Transportation (not including motor vehicle payments) Recreation, entertainment, newspapers, magazines, etc.

NONE

MEDICARE

\$ 50,000 \$ NONE CITY BU \$-RADIO NONE

* NONE

PROVID

Your spouse

\$ 00 Kr

00

You

Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's

Life

Health

NONE Motor Vehicle

Other: NONE

(specify): <u>I AM OUER AGE</u> (SZ VEARSOLD)a

Installment payments

Motor Vehicle

Credit card(s)

Department store(s)

Other: CLASS RINGS FOR PARA LEGALISM.

Alimony, maintenance, and support paid to others

Regular expenses for operation of business, profession, or farm (attach detailed statement)

Other (specify): \underline{NONE}

Total monthly expenses:

\$ 300 × \$ 00 # \$ \$160 \$ 50 \$ 00 × \$ 00 × \$ 00 × \$ 00 E \$ 600 4 GO 8-

INCIDENTALS \$ 175.

RENT \$525



MEDICARE OC Taxes (not deducted from wages or included in mortgage payments) 10N 92 s 00

\$

\$ TO XX \$ OU XX \$ 30 54 \$ 000 \$ 07500 \$ 00

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes 12 No If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? □ Yes □ No

If yes, how much? $\cancel{p}2242$ $\cancel{r}x$

If yes, state the attorney's name, address, and telephone number:

ANN BRADLEY 242) 3MT TX 1701, Ph (409) 7442-5828 Fax 74 11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal (409)

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

M No □ Yes

If yes, how much? NONE

If yes, state the person's name, address, and telephone number:

NONE

12. Provide any other information that will help explain why you cannot pay the costs of this case.

NONE IA UP TO MY IVECK CAUSED B RAINTREE, MY ATTORINEY AND THE LOWER COURTS PLUS LOSS OF RENTAL ASSTAC BY HUD _____, 20<u>1</u>9 Executed on: m 1)020 Velotion (Signature) DEBBIE RAY My Notary ID # 7054830 Expires May 31, 2021