

No. 20-8148

Original

IN THE  
SUPREME COURT OF THE UNITED STATES

Supreme Court, U.S.  
FILED

MAY 17 2021

OFFICE OF THE CLERK

MIKE VIGIL — PETITIONER  
(Your Name)

VS.

HUD WASH D.C. ET, AL, . — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

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):

United States Court of Appeals for the Ninth Circuit No.20-15909

Attached Next Page Same Case on Writ Jul 15, 2020

☐ 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.

☐ Petitioner's affidavit or declaration is not attached because the court below appointed counsel in the current proceeding, and: NONE

☐ The appointment was made under the following provision of law: None

or

☐ a copy of the order of appointment is appended. None

Dated

May 20, 2021

Mike Vigil

(Signature)

Disabled American Veteran

MIKE VIGIL  
4990 TOPAZ ST APT 34  
LAS VEGAS NV 89120-1068

UNITED STATES COURT OF APPEALS

FOR THE NINTH CIRCUIT

FILED

JUL 15 2020

MOLLY C. DWYER, CLERK  
U.S. COURT OF APPEALS

MIKE VIGIL,

Plaintiff-Appellant,

v.

U.S. DEPARTMENT OF HOUSING AND  
URBAN DEVELOPMENT,

Defendant-Appellee.

No. 20-15909

D.C. No.

2:19-cv-00948-RFB-DJA

District of Nevada,  
Las Vegas

ORDER

Before: Peter L. Shaw, Appellate Commissioner.

The motion to proceed in forma pauperis (Docket Entry No. 3) is granted.

The Clerk shall amend the docket to reflect this status.

The Clerk shall file the opening brief received on July 6, 2020 (Docket Entry No. 5). The answering brief is due August 24, 2020. The optional reply brief is due within 21 days after service of the answering brief.

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

I, Mike Vigil, am 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.

( Never Married I Live Alone )

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.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment <span style="float: right;">Disabled Can't Work</span>	You <u>None</u>	Spouse <u>Never Married</u>	You <u>\$ 00.00</u>	Spouse <u>Not Married</u>
Self-employment <span style="float: right;">Own None</span>	\$ <u>00.00</u>	\$ <u>N/A</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>00.00</u>	\$ <u>N/A</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>00.00</u>	\$ <u>N/A</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
Gifts	\$ <u>00.00</u>	\$ <u>N/A</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
Alimony <span style="float: right;">Never Married</span>	\$ <u>00.00</u>	\$ <u>N/A</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
Child Support <span style="float: right;">I have No Children</span>	\$ <u>00.00</u>	\$ <u>N/A</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance) <span style="float: right;">Age 75 Monthly -Attached</span>	\$ <u>1,110.00</u>	\$ <u>N/A</u>	\$ <u>\$1,110.00</u>	\$ <u>N/A</u>
V.A. Attached Monthly Disability (such as social security, insurance payments) <span style="float: right;">Veterans Attached</span>	\$ <u>51.00</u>	\$ <u>N/A</u>	\$ <u>51.00</u>	\$ <u>N/A</u>
Disabled Don't Work Unemployment payments	\$ <u>00.00</u>	\$ <u>N/A</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
Public-assistance <span style="float: right;">Food Stamps Gvt. Monthly</span> (such as welfare)	\$ <u>16.00</u> (Below Gvt. Level)	\$ <u>N/A</u>	\$ <u>00.00</u>	\$ <u>N/A</u>
Other (specify): <u>None</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>00.00</u>	\$ <u>N/A</u>

**Total monthly income:** \$ 1,161.00 \$ N/A \$ 00.00 \$ 1,161.00 \$ N/A

I, Declare under Penalty of Perjury all facts are True and Correct.

Dated: May 20, 2021

Mike Vigil  
Mike Vigil Disabled American Veteran

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 Employment	Gross monthly pay
Veteran Rated Disabled Can't Work			\$ 00.00
			\$
			\$

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 Employment	Gross monthly pay
Never Married No Spouse			00.00
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 00.00  
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 Chase Bank	\$ 33.42 Attached	Not Married 00.00
4833-1600-3837-0679 only one Acct	\$	\$
	\$	\$

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

☐ Home Do Not own a House  
Value

☐ Other real estate  
Value Do Not Own Real Estate

☐ Motor Vehicle #1 Do Not own Vehicle  
Year, make & model Always Take Bus  
Value

☐ Motor Vehicle #2 Do Not own Vehicle  
Year, make & model Always take Bus  
Value

☐ Other assets  
Description T.V Bed room Set Micro-wave Oven , Radio  
Value \$ 150.00

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
None	\$ 00.00	\$ No Spouse
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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	Relationship	Age
Never Married	No Children	No Spouse 00.00
_____	_____	_____
_____	_____	_____

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.

I live Senor Citizen Apartment# 34  
 4990 S. Topaz Street  
 Las Vegas, Nv.89120 ( Address on Writ

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 302.00 Month	00.00 \$ No Spouse

Are real estate taxes included? ☐ Yes ☐ No None do Not own

Is property insurance included? ☐ Yes ☐ No None Do Not own

I do Not Own Property Not buying Home No Mortgage

Utilities (electricity, heating fuel, water, sewer, and telephone)	Monthly Elect bill Electric bill	\$ 45.00	\$ _____
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Home maintenance (repairs and upkeep)	None	\$ _____	\$ _____
live in Senor Apartment			

Food	Monthly	\$ 450.00	\$ _____
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Clothing	\$	\$ 150.00	\$ _____
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Laundry and dry-cleaning		\$ 125.00	\$ _____
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Medical and dental expenses		\$ 110.00	\$ _____
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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 ☒ 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? No Attorney 00.00

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

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?

☐ Yes ☒ No

If yes, how much? Need No Help 00.00

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

None No Person

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

I Receive Gvt. Food Stamps \$ 16.00 Monthly I live Under the  
Poverty Level food Stamp Document Attached to this Motion  
for leave to Proceed in forma Pauperis .

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: May 20, 2021 All Legal Identificatio needed

I Declare under the Penalty Of Perjury Attached to theses Documents.  
I do Not Have the Funds to Pay the fees  
to file Petition for Writ of Certiorari.

Mike Vigil  
(Signature)

Disabled American  
Veteran

	You	Your spouse
Transportation (not including motor vehicle payments)	Take Bus \$50.00 Monthly	No Spouse \$
Recreation, entertainment, newspapers, magazines, etc.	\$ 00.00	\$ 00.00
Insurance (not deducted from wages or included in mortgage payments)		00.00
Homeowner's or renter's	\$ 00.00	\$ 00.00
Life	\$ 00.00	\$ 00.00
Health I go to Veterans Hositol	\$ 00.00	\$ 00.00
Motor Vehicle No Charge Disabled Veteran	\$ 00.00	\$ 00.00
do not own vehicle		
Other: NONE I always take City Bus	\$ 00.00	\$ 00.00
Taxes (not deducted from wages or included in mortgage payments) do Not Own House		
(specify): Disabled do Not Work age 75	\$ 00.00	\$ 00.00
Installment payments		
Motor Vehicle Do Not own Vehicle	\$ 00.00	\$ 00.00
Credit card(s) do not Have Credit Cards	\$ 00.00	\$ 00.00
Department store(s) do Not owe Department	\$ 00.00	\$ 00.00
Other: None	\$ 00.00	\$ 00.00
Alimony, maintenance, and support paid to others	\$ 00.00	\$ 00.00
Regular expenses for operation of business, profession, or farm (attach detailed statement) Disabled any	\$ 00.00	\$ 00.00
Do Not Own any Business or Operate		
Other (specify): None	\$ 00.00	\$ 00.00
Total monthly expenses: \$ 1,160	\$ 1,160	\$ 00.00