

21-5220

No. \_\_\_\_\_

ORIGINAL

IN THE  
SUPREME COURT OF THE UNITED STATES

BRIAN BRANTLEY — PETITIONER  
(Your Name)

Supreme Court, U.S.  
FILED  
JUL 22 2021  
OFFICE OF THE CLERK

VS.

DEPARTMENT OF REVENUE — 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):  
\_\_\_\_\_  
\_\_\_\_\_

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:

The appointment was made under the following provision of law: \_\_\_\_\_  
\_\_\_\_\_, or

a copy of the order of appointment is appended.

Brian Brantley  
(Signature)

RECEIVED  
JUL 27 2021  
OFFICE OF THE CLERK  
SUPREME COURT, U.S.

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

I, Brian Brantley, 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.

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.

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Employment	\$ <u>2200.00</u>	\$ _____	\$ _____	\$ _____
Self-employment	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Child Support	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
<b>Total monthly income:</b>	<b>\$ <u>2200.00</u></b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

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
Bonita National HOA Inc.	17671 Bonita Nat. Blvd Bonita Springs, FL 34135	04/21/2021	\$ 2200.00
			\$
			\$

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
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 10.00

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
Wells Fargo Bank - Checking	\$ 10.00	\$
	\$	\$
	\$	\$

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

Home  
Value \_\_\_\_\_

Other real estate  
Value \_\_\_\_\_

Motor Vehicle #1  
Year, make & model 2007 Dodge Caravan  
Value \$1000.00

Motor Vehicle #2  
Year, make & model \_\_\_\_\_  
Value \_\_\_\_\_

Other assets  
Description \_\_\_\_\_  
Value \_\_\_\_\_

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

<b>Person owing you or your spouse money</b>	<b>Amount owed to you</b>	<b>Amount owed to your spouse</b>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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"). **N/A**

<b>Name</b>	<b>Relationship</b>	<b>Age</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

	<b>You</b>	<b>Your spouse</b>
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>850.00</u>	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>225.00</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ _____
Food	\$ <u>200.00</u>	\$ _____
Clothing	\$ <u>60.00</u>	\$ _____
Laundry and dry-cleaning	\$ <u>25.00</u>	\$ _____
Medical and dental expenses	\$ <u>200.00</u>	\$ _____

	<b>You</b>	<b>Your spouse</b>
Transportation (not including motor vehicle payments)	\$ 100.00	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ _____
Life	\$ 0	\$ _____
Health	\$ 0	\$ _____
Motor Vehicle	\$ 40.00	\$ _____
Other: _____	\$ 0	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ _____
Installment payments		
Motor Vehicle	\$ 0	\$ _____
Credit card(s)	\$ 0	\$ _____
Department store(s)	\$ 0	\$ _____
Other: _____	\$ 0	\$ _____
Alimony, maintenance, and support paid to others	\$ 443.00	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ _____
Other (specify): _____	\$ 0	\$ _____
<b>Total monthly expenses:</b>	<b>\$ 2143.00</b>	\$ _____

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? \_\_\_\_\_

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? \_\_\_\_\_

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

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

I am five months behind on my rent due to the COVID-19 pandemic.

I am seeking assistance with my past due rent to avoid eviction but have not obtain assistance. See attached documentation.

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

Executed on: July 14, 2021, 2021

Brian Bramley  
(Signature)

# OUR FLORIDA

## Emergency Rental and Utility Assistance Renter Application

### Part 1: Primary Applicant Information

#### Basic Information

First Name: Brian Middle Name: \_\_\_\_\_  
Last Name: Brantley Birthdate (dd/mm/yy): 03/17/1971  
Social Security Number: \_\_\_\_\_ Email Address: Brantleyb53@gmail.com  
Phone Number: 239-601-8481

#### Primary Address:

Address Line 1: 2190 Sunshine Blvd Apt A Address Line 2: \_\_\_\_\_  
City: Naples County: Collier State: FL  
Zip Code: 34116

Is this your primary residence?  Yes  No

Note: The unit must be the applicant's primary residence at the time of application and the unit must be in Florida. The renter does not have to have been in the unit prior to the pandemic.

#### Mailing Address, if different than primary address.

Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Referrals and Public Record Exemption

Would you like the Department of Children and Families to contact you about other support programs you may qualify for based on the information you have provided in this application? Standard Messaging and data rates may apply to text messages.

Yes  No How would you like to be contacted?  Text  Email  Phone

What is your preferred language?  English  Spanish  Haitian Creole

It is the policy of the State of Florida that all State, County and Municipal records are open for personal inspection and copying by any person. There are exemptions for certain persons in qualifying categories, e.g. active or former sworn or civilian law enforcement personnel; current or former firefighters certified in compliance with s. 633.408; current or former justices of the Supreme Court, district court of appeal judges, circuit court judges, and county court judges; current or former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors.

Do you qualify as exempt from Florida's Public Records Law?  Yes  No

If yes, write in your qualifying exemption status: \_\_\_\_\_

### Part 2: Primary Applicant Demographics Information

Race (Select all that apply):				Ethnicity (Select one):			
<input type="checkbox"/> American Indian	<input checked="" type="checkbox"/> Black or African American	<input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Multiple races	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Choose not to respond	<input type="checkbox"/> Choose not to respond	<input type="checkbox"/> Choose not to respond			
As what gender do you identify?: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Choose not to respond							
Are you a veteran? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Choose not to respond							

## Part 6: Rental and Utilities Information

Rent		Amount: <u>\$850.00</u>
What is the amount of your monthly rent?		
41. Do you owe back rent for any month (s)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
41.1. If yes, how much rent do you owe?		Amount: <u>\$4200.00</u>
41.2. Months owed: <u>November 1 to June 1</u>		Year: <u>2021</u>
42. Have you received an order to vacate your rental unit from your property manager/landlord?		
43. Have you received an eviction notice from your property manager/landlord?		
44. Do you have ongoing need that will require future rent assistance?		
44.1. If yes, how many months?		<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3
Utilities		
Payments for electricity, gas, water, and sewer arrearages may be approved for funding but will only be paid directly to utility companies and must be supported by a current bill or invoice. Please provide all relevant information requested below for any past due utility payments for which you are requesting assistance.		
45. Do you owe back utilities for any month?		
46. Utility Type (Check all that apply): <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Waste Water <input type="checkbox"/> Garbage		
Provider Name: <u>Collier County Utilities Dept.</u>		Account Number: <u>00300356601</u>
Months Past Due: <u>2 months</u>		Start Date: <u>04/26/2021</u> End Date: <u>06/26/2021</u> Total Past Due Amount: <u>\$160.00</u>
47. Utility Type (Check all that apply): <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Waste Water <input type="checkbox"/> Garbage		
Provider Name: <u>FPL</u>		Account Number: <u>54578-52001</u>
Months Past Due: <u>2 months</u>		Start Date: <u>04/12/2021</u> End Date: <u>05/12/2021</u> Total Past Due Amount: <u>\$143.00</u>
48. Utility Type (Check all that apply): <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Waste Water <input type="checkbox"/> Garbage		
Provider Name: _____		Account Number: _____
Months Past Due: _____		Start Date: _____ End Date: _____ Total Past Due Amount: _____
49. Utility Type (Check all that apply): <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Waste Water <input type="checkbox"/> Garbage		
Provider Name: _____		Account Number: _____
Months Past Due: _____		Start Date: _____ End Date: _____ Total Past Due Amount: _____
50. Utility Type (Check all that apply): <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Waste Water <input type="checkbox"/> Garbage		
Provider Name: _____		Account Number: _____
Months Past Due: _____		Start Date: _____ End Date: _____ Total Past Due Amount: _____

## Part 7: Landlord Contact Information

### Contact information:

Company Name: JYM Property Management  
 Business E-mail Address: JYMPROPERTYMANAGEMENT.COM Office Phone Number: 239-331-8405  
 Address Line 1: 600 Tamiami Trail N. STE 38 Address Line 2: \_\_\_\_\_  
 City: Naples County: Collier State: FL  
 Zip Code: 34102

Is this your primary residence?  Yes  No

Note: The unit must be the applicant's primary residence at the time of application and the unit must be in Florida. The renter does not have to have been in the unit prior to the pandemic.

Mail to: OUR Florida  
 2002 Old St. Augustine Road, Building C  
 Tallahassee, FL 32301

To submit an online application, visit  
<https://www.ourflorida.com/>

## Part 9: Tenant Attestations

### AFFIRMATION

My name is Brian Brantley and I reside at 2190 Sunshine Blvd Apt A. This is my primary residence. I state that I pay \$850.00 in rent for my residence at 2190 Sunshine Blvd Apt A. The name of the landlord/management company I pay my rent to is JYM Prop Mgt. I send my rent to 5th 3rd Bank checking account. The landlord/management company's telephone number is, 239-331-8405.

#### Tenant Attestation:

I attest the information I provided is true, accurate, and complete. I attest that I and the members of my household have occupied the unit for which I am seeking assistance as my primary residence (the home in which I usually live) and have occupied the unit during the period for which rental and/or utility assistance is requested. I attest I will occupy the unit as my primary residence throughout the remaining months for which the assistance is provided. I attest that I have not received assistance for the same expenses for the same months being requested in this application.

I understand that any misrepresentation of information or failure to disclose information requested on this form or creating a false or misleading record will disqualify me from being eligible for the OUR Florida Program. I also understand the information provided about my household is subject to further verification by the Florida Department of Children and Families, the Department of Treasury, the OUR Florida Program or any other State or Federal agency. By applying for this program I authorize verification, and may be required to provide supporting documents. **I understand if I knowingly make a false claim or statement to the Federal Government, I may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729 as well as Florida State civil and criminal penalties.**

I hereby state under the penalties provided by law that the statement provided above is true, correct and complete to the best of my knowledge.

Brian Brantley 06/29/2021  
Signature Date

Mail to: OUR Florida  
2002 Old St. Augustine Road, Building C  
Tallahassee, FL 32301

To submit an online application, visit  
<https://www.ourflorida.com/>