

Figure: 7 TAC §84.105(d)

BEFORE THE OFFICE OF CONSUMER CREDIT COMMISSIONER
STATE OF TEXAS

**INDIGENCY AFFIDAVIT FOR APPEAL OF
CONDITIONAL DELIVERY DETERMINATION**

Before me, the undersigned notary, on this day personally appeared _____
_____ (*Insert Name of Affiant/Prospective Retail Buyer*), who being duly sworn
by me, states upon oath as follows:

I am over 18 years of age and am capable of making this affidavit. The facts stated in this affidavit are within
my personal knowledge and are true and correct. Due to my financial situation, I cannot afford to pay the
deposit required under Texas Finance Code, §348.013(m). I wish to appeal the Consumer Credit
Commissioner's determination under §348.013(g) regarding my conditional delivery agreement
with _____
_____ (*Insert Name and Address of Retail Seller and
OCCC license number*). The following information accurately states my income, assets, expenses, and
liabilities. (*Please type or legibly print the requested information below; add more spaces as necessary*):

MONTHLY INCOME		
Type of Income	Amount (per month)	Source or Description of Income
Employment	\$	
Government Entitlement (e.g. disability, food stamps)	\$	
Spouse's Income (if applicable)	\$	
Any Other Income (e.g. interest, dividends)	\$	

PROPERTY

Property I Own <i>Do not include homestead.</i>	Approximate Value
Motor Vehicles (<i>include make, model, year</i>) <i>Do not include any vehicles in dispute.</i>	<i>Find car values at www.kbb.com.</i>
1.	\$
2.	\$
Checking or Savings Accounts (<i>include name and location of financial entity</i>)	
1.	\$
2.	\$
Cash on Hand	\$
Other Property I Own	
1.	\$
2.	\$

MONTHLY EXPENSES			
Rent/Mortgage	\$	Car Payment	\$
Utilities	\$	Transportation	\$
Food	\$	Insurance	\$
Child Care	\$	Clothes/Laundry	\$
Child Support	\$	Finance Charges	\$
Health Care	\$	Other Expenses	\$

DEBTS AND OTHER LIABILITIES		
Name of Creditor	Total Debt Amount	Monthly Payment
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$

Number of Dependents _____

As the prospective retail buyer, I am unable to pay the deposit required by Texas Finance Code, §348.013(m) for the appeal of the Consumer Credit Commissioner's conditional delivery determination. I verify that the statements made in this affidavit are true and correct.

(Signature of Affiant/Prospective Retail Buyer)

(Insert Affiant's Printed Name)

(Insert Affiant's Address)

Subscribed and sworn to before me on this _____ day of _____, 20_____.

(Insert Notary's Seal)

 Notary Public, State of Texas