

State of Minnesota

District Court

County of: _____

Court File Number: _____

Judicial District: _____

Case Type: Eviction

Plaintiffs (Landlord)

VS

Defendant (Tenant)

Affidavit to Request Court-Appointed Attorney (Eviction)

Minn. Stat. § 504B.268

1. I am a Defendant in this action. The property at issue in this case is public housing, as that term is used in Minn. Stat. § 504B.268, subd. 1. The claims in the complaint allege unlawful conduct in violation of Minn. Stat. § 504B.171 and/or conduct in breach of a lease agreement (other than non-payment of rent) in violation of Minn. Stat. § 504B.285.
2. I ask for the court to appoint an attorney because I cannot support my family and myself and also pay for an attorney to represent me in this case.
3. ☐ I do not receive public assistance.

OR

☐ I receive public assistance. (Choose “a” or “b”)

a. ☐ I receive public assistance under one or more of the following programs:

- ☐ SSI (Supplemental Security Income)
- ☐ MSA (Minnesota Supplemental Security Aid) or Emergency MSA
- ☐ GA (General Assistance) or Emergency GA
- ☐ SNAP (Supplemental Nutrition Assistance Program, also known as food stamps)
- ☐ MFIP (Minnesota Family Investment Program), MFIP Diversional Work Program (DWP), or Work Participation Cash Benefit
- ☐ MinnesotaCare or Medical Assistance
- ☐ Receipt of part D extra help or payment by the government of Medicare part B premiums

- ☐ Emergency Assistance or county crisis funds;
☐ Energy or Fuel Assistance

OR

- b. ☐ I receive public assistance through a different program based on my income: (list the program) _____

I will include proof that I receive public assistance listed in 3a and 3b.

→ Examples of proof include a copy of EBT card, statement of benefits, benefits award letter, cancelled check from an agency, etc.

4. My household size is _____.

→ Include yourself, your spouse or significant other, your children who are under age 18 (or over 18 but still in high school), and other dependents in your home. Dependents are people who rely on you for most of their financial support, and can include parents, children over the age of 18, or extended family members.

My household, other than myself, includes:

Name	Age	Relationship to you

If you need more space, add another sheet of paper with your name and court file number, if you know it.

5. I receive income from the following sources (check all that apply):

- ☐ Job/wages ☐ Unemployment ☐ Social Security
☐ Child Support ☐ Spousal Support ☐ Trust Income
☐ Other (for example: disability, pension, rental income): _____

Include income from all the sources you checked above. To calculate monthly income you get from a job:

- Multiply the number of hours worked per week by your hourly pay to get the weekly amount.
- Then multiply that by 4.33 to get the monthly amount.

- In summary: hours per week x hourly pay x 4.33 = monthly income before taxes and deductions).

→ If your monthly income changes a lot from month to month, then you should answer the question below based on your *average* monthly income for the last 6 months. To calculate your average income:

- Add your total monthly income from the last 6 months.
- Then divide that number by 6
- In summary: last 6 months of income added together ÷ 6 = average monthly income.

My total **monthly** income (before taxes and deductions) is \$_____

OR

☐ My **average** monthly income (before taxes and deductions) is \$_____

6. I am ☐ **not married** (skip to #7).

OR

I am (check all that apply): ☐ married ☐ separated ☐ getting a divorce

My spouse's total **monthly** income (before taxes and deductions) is \$_____.
The source of that income is _____

OR

I do not know my spouse's income because: _____

7. ☐ I do not have any other family members or dependents living with me that have income.

OR

☐ I have other family members and/or dependents living with me that have income. Their net (take home) **monthly** income is:

Name	Monthly Income	Source of Income
	\$	
	\$	
	\$	

If you need more space, add another sheet of paper with your name and court file number, if you know it.

8. My household's total **yearly** income (before taxes and deductions) is \$_____

☐ This is **less** than 125% of the Federal Poverty Live for my household size of _____

OR

☐ This is **more** than 125% of the Federal Poverty Line for my household size of _____



Find the Federal Poverty Guidelines in the Fee Waiver Instructions, which you can find by scanning the QR code.

I have attached proof of my household income.

→ Examples of proof include most recent tax returns, pay stubs of all household members with income, etc.

9. I pay the following **monthly expenses**:

→ Include amounts you pay for yourself, your spouse or significant other, your minor children, and other dependents in your home; if you do not have the expense, list \$0.

Rent or mortgage:	\$ _____	Child support:	\$ _____
Utilities:	\$ _____	Childcare	\$ _____
Food:	\$ _____	Medical insurance:	\$ _____
Car payments:	\$ _____	Cell phone:	\$ _____
Car insurance:	\$ _____	Other (explain):	\$ _____
Spousal support:	\$ _____		_____

10. I am \$ _____ in debt.

→ Do not include any car loan, real estate loan, or mortgage.

11. I have the following money available:

→ List \$0 if you don't have these things.

Cash:	\$ _____	Accounts:	\$ _____
		(checking, savings, and/or credit union)	

12. I own the following property (list the equity value of the item, which is what you could sell the item for minus the amount you still own on the item, if anything):

Vehicle 1

Year and make: _____ \$ _____

Vehicle 2

Year and make: _____ \$ _____

House I live in now \$ _____

Other real estate \$ _____

Other personal property (jewelry, stocks, bonds, etc.; list separately):

_____ \$ _____

_____ \$ _____

_____ \$ _____

13. Other reasons why I cannot afford an attorney (explain unusual medical expenses, emergencies, credit card payments, student loans, reasons that the listed money is not available to you, or other circumstances to help the judicial officer understand your situation):

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Date: _____

Signature: _____

Name: _____

County and state where signed: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

What is next?

- ➔ Put this form together with your pleadings (petition, complaint, motion, answer, etc.) and proof of public assistance or proof of your financial need.
- ➔ File these documents with Court Administration by mail, in person or electronic filing (eFiling).
- ➔ A judicial officer will review your request. They will grant or deny your request.

Need help?

- ➔ Contact the Statewide Self-Help Center at (651) 435-6535.