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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

IN RE: RESIDENTIAL CAPITAL, LLC, Debtor, TOM FRANKLIN, Appellant, -v- RESCAP LIQUIDATING TRUST, Appellee.	15-cv-2238 (KBF) ORDER

KATHERINE B. FORREST, District Judge:

Appellant's application to proceed in forma pauperis ("IFP") (ECF No. 2) is deficient in the following respects:

1. The supporting affidavit is not signed.

2. The application provides no indication as to how appellant supports himself. In particular, while the application notes that appellant is retired and disabled, it states that he does not receive any retirement/disability income.

If appellant would like to proceed IFP, he shall truthfully and accurately complete the attached form[1] and submit it to the Court not later than **Friday,**

[1] This form is available on the Court's website at http://www.nysd.uscourts.gov/file/forms/application-to-proceed-without-prepaying-fees-or-costs-ifp-application.

May 29, 2015. **Failure to do so will result in a denial of the IFP application.**

SO ORDERED.

Dated: New York, New York
May 15, 2015

KATHERINE B. FORREST
United States District Judge

CC:
Tom Franklin
5633 Oak Grove Road
Fort Worth, TX 76134

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

(Full name(s) of the plaintiff or petitioner applying (each person must submit a separate application)

-against-

_____ CV _____ ( ) ( )
(Enter case number and initials of assigned judges, if available; if filing this with your complaint, you will not yet have a case number or assigned judges.)

(Full name(s) of the defendant(s)/respondent(s).)

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* ("IFP") (without prepaying fees or costs), I declare that the responses below are true:

1. *Are you incarcerated?* ☐ Yes ☐ No (If "No," go to Question 2.)
   I am being held at: _____

   Do you receive any payment from this institution? ☐ Yes ☐ No

   Monthly amount: _____

   If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☐ No

   If "yes," my employer's name and address are:

   Gross monthly pay or wages: _____

   If "no," what was your last date of employment? _____

   Gross monthly wages at the time: _____

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than $200 in the past 12 months from any of the following sources? Check all that apply.

   (a) Business, profession, or other self-employment ☐ Yes ☐ No
   (b) Rent payments, interest, or dividends ☐ Yes ☐ No

(c) Pension, annuity, or life insurance payments	☐ Yes	☐ No
(d) Disability or worker's compensation payments	☐ Yes	☐ No
(e) Gifts or inheritances	☐ Yes	☐ No
(f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.)	☐ Yes	☐ No
(g) Any other sources	☐ Yes	☐ No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?

5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

Dated	Signature
Name (Last, First, MI)	Prison Identification # (if incarcerated)
Address	City State Zip Code
Telephone Number	E-mail Address (if available)