State of South Carolina County of Greenville	In the Court of Common Pleas Thirteenth Judicial Circuit
Plaintiff(s):Lakeview Loan Servicing, LLC	File No. **File No.:** 2025-CP-23-08229
vs. Defendant(s):Wendell Don Cooper; Shellbrook HOA of SC, Inc.; Regions Bank	RECEIVED JUL 24 2026 SC Court of Appeals

Motion and Affidavit to Proceed in Forma Pauperis (Motion for Waiver of Costs and Fees)

I, **Wendell Don Cooper**, am unable to pay the costs of filing and service in the present matter and respectfully request that the Court permit me to proceed **in forma pauperis**.

I am unable to prepay the costs associated with this appeal without substantial financial hardship. My income is derived primarily from Social Security retirement benefits, South Carolina retirement benefits, and limited self-employment income. My monthly living expenses, including my mortgage, utilities, food, transportation, and other necessary household expenses, consume nearly all of my available income.

Although I have made every effort to meet my financial obligations, I have fallen behind on certain obligations because my available income has been insufficient to pay all of my necessary living expenses. The fact that some obligations are not currently being paid in full reflects my inability to pay them, not an absence of those obligations.

The financial information provided in this affidavit accurately reflects my present financial condition and demonstrates that payment of the appellate filing fee would create a substantial hardship.

I respectfully request that the Court grant my Motion to Proceed **In Forma Pauperis** and waive the appellate filing fees and costs so that I may pursue my appeal.

SOUTH CAROLINA
JUDICIAL BRANCH

STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
COUNTY OF Greenville	)	
Lakeview Loan Servicing, LLC	)	THIRTEENTH JUDICIAL CIRCUIT
Plaintiff,	)	ORDER IN FORMA PAUPERIS
vs.	)	
Wendell Don Cooper, Shellbrook Plantation HOA of SC, Inc., and Regions Bank	)	
Defendants.	)	FILE NO. 2025-CP-40-08433

ORDER

☐ Leave is Granted to proceed *in forma pauperis* without payment of the filing fee.

☐ Leave is Granted to proceed *in forma pauperis* without payment of the service cost.

☐ Leave is Denied to proceed *in forma pauperis* pursuant to *Ex parte Martin*, 321 S.C. 533, 471 S.E.2d 134 (1995).

☐ Leave is Denied to proceed *in forma pauperis*. Plaintiff has failed to establish compliance with the Poverty Guidelines pursuant to Rule 3(b)(1), SCRCP.

If denied, this case will be dismissed without further order of the court if the filing fee and associated costs are not paid on or before _____, 20 _____.

Dated: _____, 20 _____

_____
Presiding Judge, _____ Judicial Circuit

_____, South Carolina

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SC Court of Appeals

Plaintiff submits the following financial declaration and affidavit in support of the above motion.

Defendant Address:	117 Palm Springs Way, Simpsonville SC 29681
Age:	70
Occupation:	Retired educator / self-employed driving-school owner
Employer:	_____
	Retired educator / self-employed driving-school owner
Employer Address:	N/A

Gross Monthly Income

1) Earnings **(attach recent pay stubs)**	N/A
2) Overtime	N/A
3) Social Security, VA Benefits, Workers' Comp or Disability (SSI)	1,991.00
4) Unemployment	N/A
5) Alimony / Child Support (receiving)	N/A
6) Other	N/A
[If Amount is Entered for "Other", Specify] Teacher Retirement	758.75

Assets

1) Cash	75.00
2) Money in Bank Accounts (Checking & Savings)	5.00
3) IRA / 401K / Pensions	N/A
4) Other	N/A
[If Amount Entered for "Other",Specify]	N/A
Total Amount (Add lines 1-4):	75.00

Monthly Expenses

1) Rent / Mortgage	1,750
2) Utilities	250
3) Cell Phone / Phone	60
4) Food	350
5) Alimony / Child Support (Paying)	N/A
6) Child Care	N/A
7) Car Payment	N/A
8) Car Operating Expenses (Insurance, gas, maintenance)	150
9) Clothing	N/A
10) Cable / Satellite TV / Internet	40.00
11) Medical / Dental / Vision Expenses	See Attached Forms
12) Medical / Dental / Vision Insurance	See Attached Forms

13) Credit Card / Loan Payments	N/A
14) Other	N/A
[If Amount Entered for "Other", Specify]	N/A
Total Amount (Add lines 1-14):	2,600

Household Information

1) Number of Adult Dependents Residing in the Home	1
2) Number of Minor Dependents Residing in the Home	0
Total Number (Add lines 1-2):	1

Signature of Plaintiff

Sworn to and subscribed before me this [Fill in Sworn Day] 20th day of [Fill in Sworn Month] July, [Fill in Sworn Year] 2026.

Signature of Notary Public

Griffon D Wickard
Printed Name of Notary Public

My Commission expires the [Fill in Expiration Day] 28 day of [Enter Expiration Month] March, [Fill in Expiration Year] 2033.

GRIFFON D. WICKARD
NOTARY PUBLIC
My Commission Expires 03/28/2033
SOUTH CAROLINA

Social Security Administration
Retirement, Survivors, and Disability Insurance
Important Information

BNC#: 25B1965D91499

WENDELL D COOPER
117 PALM SPRINGS WAY
SIMPSONVILLE SC 29681-8001

Notice of Cost-of-Living Adjustment (COLA)

Hello WENDELL COOPER

Your Social Security benefit will increase by **2.8%** in January 2026. Next year, receive your benefit information up to three weeks earlier by creating an online *my* Social Security account at www.ssa.gov/myaccount. You can use this letter as proof of your benefit amount to apply for food, rent, or energy assistance. You can also use it to apply for bank loans and for other business. Keep this letter with your important financial records or access this information anytime online by signing in to your personal *my* Social Security account.

How Much You Will Get In 2026 (Before Deductions)	**Monthly Amount**
Your monthly benefit in 2026 before deductions	$2,193.90
2026 Common Deductions:	**Monthly Amount**
Medicare Medical Insurance (Part B and Part C) If you did not have Medicare as of November 20, 2025, or if someone else pays your premium, we show $0.00	-$202.90
Medicare Prescription Drug Plan (Part D) We will notify you if the amount changes in 2026. If you did not elect withholding as of November 1, 2025, we show $0.00	-$0.00
U.S. federal tax withholding for non-citizens	-$0.00
Voluntary federal tax withholding If you did not elect voluntary tax withholding as of November 20, 2025, we show $0.00	-$0.00
How Much You Will Get In 2026 (After Deductions)	**Monthly Amount**
Your monthly benefit in 2026 after deductions This monthly amount may include deductions not listed above.	$1,991.00

See Next Page

PEBA℠
SC Retirement Systems
and State Health Plan

South Carolina Public Employee Benefit Authority
202 Arbor Lake Drive | Columbia, SC 29223
803.737.6800 | 888.260.9430
www.peba.sc.gov

July 16, 2026

WENDELL D COOPER
117 PALM SPRINGS WAY
SIMPSONVILLE SC 29681

RE: WENDELL D COOPER
XXX-XX-8280
South Carolina Retirement System

Dear Payee:

The amounts listed below reflect your current monthly annuity from the South Carolina Retirement Systems. This is a disability annuity.

Current Monthly Annuity

GROSS	$899.29
STATE WITHHOLDING	2.68
HEALTH INSURANCE	97.68
DENTAL PLUS	33.88
VISION CARE	6.30
NET	$758.75

Please call our Customer Contact Center at (803) 737-6800 or 888-260-9430 if you have any questions regarding your benefit.

Sincerely,

South Carolina Retirement Systems