



Sep 22 2026

SC Court of Appeals

In the Court of Common Pleas

Judicial Circuit

File No. 2026CP210093

Defendant(s): Housing Authority of Florence

Page 1 of 4



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) | 950 Monthly |
| 4) Unemployment | n/a |
| 5) Alimony / Child Support (receiving) | n/a |
| 6) Other | n/a |
| [If Amount is Entered for "Other",
Specify] n/a | |

Total Amount (Add lines 1-6): 950

Assets

- | | |
|---|-----|
| 1) Cash | 0 |
| 2) Money in Bank Accounts (Checking &
Savings) | n/a |
| 3) IRA / 401K / Pensions | n/a |
| 4) Other | n/a |
| [If Amount Entered for "Other",
Specify] n/a | |

Total Amount (Add lines 1-4): n/a

Monthly Expenses

- | | |
|-----------------------|-----|
| 1) Rent / Mortgage | 200 |
| 2) Utilities | 200 |
| 3) Cell Phone / Phone | 60 |



SOUTH CAROLINA
JUDICIAL BRANCH

4) Food	200
5) Alimony / Child Support (Paying)	n/a
6) Child Care	n/a
7) Car Payment	n/a
8) Car Operating Expenses (Insurance, gas, maintenance)	n/a
9) Clothing	60
10) Cable / Satellite TV / Internet	40
11) Medical / Dental / Vision Expenses	n/a
12) Medical / Dental / Vision Insurance	n/a
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): 1020

Household Information

1) Number of Adult Dependents Residing in the Home	1
2) Number of Minor Dependents Residing in the Home	n/a

Total Number (Add lines 1-2): 1



Monike Goodman

Signature of Plaintiff

Sworn to and subscribed before me this [Fill in Day Sworn] 22 Day of [Fill in Month Sworn] September, [Fill in Year Sworn] 2026.

Signature of Notary Public

Regina Ford

Printed Name of Notary Public



My Commission expires the [Fill in Expiration Day] 20 day of [Fill in Expiration Month] 11,
[Fill in Expiration Year] 2030.