

**COMMONWEALTH OF PENNSYLVANIA
KOMINOTE PENNSYLVANIA**

**COURT OF COMMON PLEAS
TRIBINAL DEFANS AN KOMEN**

**County Of
Konte**

LANDLORD:
MÈT KAY LA:

NAME and ADDRESS
NON ak ADRES

TENANT:
LOKATÈ:

NAME and ADDRESS
NON ak ADRES

VS. / KONT

Common Pleas Docket No.
Nimewo Lis Dosye Tribinal Defans an Komen.

**SECTION 8 TENANT'S SUPERSEDEAS
AFFIDAVIT FILED PURSUANT TO
Pa.R.C.P.M.D.J. No. 1013C(2)**

**AFIDAVID SUPERSEDEAS LOKATÈ
SEKSYON 8 KI DEPOZE SELON
Pa.R.C.P.M.D.J. NIMEWO 1013C(2)**

I, _____

Mwen, _____

_____ (print name and address here), have filed a *praecipe* for a writ of *certiorari* to review a magisterial district court judgment awarding my landlord possession of real property that I occupy, and I do not have the financial ability to pay the lesser of three times my monthly rent or the actual rent in arrears. My total household income does not exceed the income limits set forth in the instructions for obtaining a stay pending issuance of writ of *certiorari* and I have completed an *in forma pauperis* (IFP) affidavit to verify this. I have/have not (cross out the one that does not apply) paid the rent this month.

_____ (ekri non ak adrès ak lèt detache la a), te depoze yon *praecipe* pou yon òdonans *certiorari* pou egzamine yon jijman tribinal distri majistral ki bay mèt kay mwen an posesyon byen imobilye mwen okipe a, epi mwen pa gen kapasite finansyè pou m peye montan ki pi piti nan twa fwa kòb lwaye chak mwa mwen an oswa kòb lwaye reyèl la an reta. Revni total moun nan kay mwen pa depase limit revni ki prezante nan enstriksyon sipleman tè yo pou m jwenn yon sispansyon annatandan yo bay yon òdonans *certiorari* epi mwen te ranpli yon afidavid *in forma pauperis* (IFP) pou mwen verifye sa. Mwen te/pa t (bife sa ki pa aplike a) peye kòb lwaye mwa sa a.

The total amount of monthly rent that I personally pay to the landlord is \$_____. I hereby certify that I am a participant in the Section 8 program and I am not subject to a final (*i.e.*, non-appealable) decision of a court or government agency that terminates my right to receive Section 8 assistance based on my

Montan total kòb lwaye chak mwa mwen peye mèt kay la pèsònèlman se \$_____. Mwen sètifye nan dokiman sa a mwen se yon patisipan nan pwogram Seksyon 8 la epi mwen pa gen yon desizyon final (*sa vle di*, san apèl jiridik) yon tribinal oswa ajans gouvènman ki mete fen nan dwa m genyen pou m benefisye

failure to comply with program rules.

I verify that the statements made in this affidavit are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

asistans Seksyon 8 ki baze sou lefètke mwen pa respekte règ pwogram lan.

Mwen verifye deklarasyon ki fèt nan afidavid sa a se verite epi yo kòrèk selon pi bon konesans, enfòmasyon ak kwayans mwen. Mwen konprann fo deklarasyon mwen fè nan dokiman sa a ap genyen penalite Seksyon 18 Pa.C.S. § 4904, ki gen rapò ak bay otorite yo fo deklarasyon ki pa fèt sou sèman.

Date / Dat

SIGNATURE OF TENANT / SIYATI LOKATÈ A