



704 Main Street / Martinez, CA 94553  
 925-686-6900 / FAX 925-686-9867 / www.cccba.org

**MODERATE MEANS PROGRAM  
 CO-SIGNER ADDENDUM**

(To be completed ONLY if applying with a co-signer)

<b>For Office Use Only: Income Level:</b>		Date:	
<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2		
<b>GENERAL INSTRUCTIONS</b>			
Both the Co-signer and applicant must supply copies of their last 6-weeks of pay stubs along with copies of W-2 forms and taxes (1040s) from the last two years.			
<b>CO-SIGNER</b>			
First Name:	Last Name:	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Date of Birth: / /
Social Security Number:	E-mail Address		
Home Phone: ( )	Cell Phone: ( )	Pager: ( )	
Address:		Apartment #:	
P.O. Box:	City:	State:	Zip Code:
<b>CO-SIGNER'S EMPLOYMENT INFORMATION</b>			
Position:	Company:	Name of Supervisor:	
Address:		Suite:	Work Phone: ( )
P.O. Box:	City:	State:	Zip Code:
Start Date:	Gross pay last year (before taxes):	Bonus last year:	
Current gross monthly income (before \$)		Number of people supported by this income (including yourself):	
Do you have income from other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current gross monthly income from other sources: \$	
<b>AGREEMENT</b>			
The undersigned co-signer agrees that he/she shall be a guarantor of the undersigned client's fees and costs and shall fully pay the same in the event of nonpayment by the client. The undersigned co-signer has read, understood, and agrees to be bound by the same terms and conditions as stated in the Moderate Means Program guidelines and in the attorney fee agreement as it applies to the client.			
Furthermore, the attorney/client privilege only applies to the client (applicant), not the co-signer. Unless expressly authorized by the client, the co-signer has no right to specific and/or confidential information regarding the client.			
<b>Co-signer</b>			
Signed:		Date:	
<b>Client / Applicant</b>			
Signed:		Date:	