

Client # \_\_\_\_\_

## CHANGE ORDER # \_\_\_\_\_

Homeowner: \_\_\_\_\_ Contractor \_\_\_\_\_

Property Address: \_\_\_\_\_

Rehabilitation Contract Dated \_\_\_\_\_

The following change(s) is/are authorized to the above identified Rehabilitation Contract:

Item	Original Cost	Description of Change	Increase/Decrease Cost	Reason for Change
TOTAL				

Initial Contract Amount \$ \_\_\_\_\_

Plus Previously Approved Change Orders \$ \_\_\_\_\_

Plus Change Order Requested \$ \_\_\_\_\_

Total New Contract Amount \$ \_\_\_\_\_

Signed: \_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Construction Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
MFA Program Manager

\_\_\_\_\_  
Date