

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

Project Manager

Date

Program Administrator

Date