

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 |
|----------|---------------|-----------------------|-------------------------------|-------------------|
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| SUBTOTAL | | | | |
| TAX | | | | |
| TOTAL | | | | |

Initial Contract Amount \$ _____

Plus Previously Approved Change Orders (if any) \$ _____

Plus Change Order Requested \$ _____

Total New Contract Amount (includes all fees and taxes) \$ _____

Signed: _____

Homeowner

Date

Contractor

Date

Project Manager

Date

Program Administrator

Date