

CHANGE ORDER NO. _____ REHABILITATION CONTRACT

Contractor Name:	
Client No.:	
Property Owner:	
Address:	

The following changes are authorized to the above-mentioned Rehabilitation Contract:

Description of Change	Cost Impact
TOTAL	

This Change Order will increase time by _____ days, new total days: _____.

❖ Owner acknowledges that acceptance of this change order will require a modification to their executed mortgage when work is complete.

Owner Date _____

Contractor Date _____

Architect or Housing Specialist Date _____

Community Development Department Date _____

Community Development Director Date _____