

Maine State Housing Authority (MaineHousing)
 2016 HOME REPAIR PROGRAM
CHANGE ORDER

APPLICANT:

COMMUNITY ACTION AGENCY (CAA):

 First Name MI Last Name

 CAA Name

PROPERTY:

CAA Technician:

 Technician Name:

 Technician Telephone:

 Technician Email:

 Property Street

 Property City Property State Property Zip

CONTRACTOR:

Contract Date:

 Contractor Name

Item Number*	Description of Change	Cost Change
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL AMOUNT REQUESTED		\$

*Please use section number from Job Standards and Specifications (Appendix A of Construction Contract).

Original Contract Amount: \$ _____ **Updated Contract Amount:** \$ _____

The contract time **IS EXTENDED** by _____ calendar days. **IS NOT EXTENDED.**

New Completion Date: _____

This amendment is made a part of the Contract, and the parties have hereto set their signatures:

Applicant (Owner) Signature	Date
Co-Applicant (Owner) Signature	Date
Contractor Representative Signature	Date
CAA Technician Signature	Date
MaineHousing Technical Services Specialist or Program Officer	Date

Note: Please submit with photographs if available/applicable to change request.