

EXHIBIT J
HOME RETRO PROGRAM
CHANGE ORDER

ALPHA ONE 127 Main Street South Portland, ME 04106 (800) 640-7200	Technician Name: _____ Technician Telephone: _____ Technician Email: _____
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APPLICANT:

 First Name MI Last Name

PROPERTY:

 Property Street

 Property City Property State Property Zip

CO-APPLICANT:

 First Name MI Last Name

CONTRACTOR:

 Contractor Name

Contract Date: _____

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

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 _____
_____ Alpha One Technician Signature	Date _____
_____ MaineHousing Technical Services Specialist or Program Officer	Date _____