

Maine State Housing Authority (MaineHousing)
LEAD HAZARD REDUCTION DEMONSTRATION GRANT PROGRAM

RELOCATION AMOUNT CHANGE ORDER

APPLICANT (OWNER):

CO-APPLICANT (CO-OWNER):

Company Name (if applicable)

Company Name (if applicable)

First Name MI Last Name

First Name MI Last Name

PROPERTY:

COMMUNITY ACTION AGENCY (CAA):

Property Street

CAA Name

Property City Property State Property Zip

CAA Technician:

Technician Name: _____

Technician Telephone: _____

Technician Email: _____

CONTRACTOR:

Contractor Name

Initial Relocation Amount Approved: \$ _____

Additional Relocation Amount Requested: \$ _____

Total Relocation Amount: \$ _____

Explanation for additional amount with breakdown of each cost:

Explanation	Description of Relocation	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

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

CAA Technician Signature

Date _____

MaineHousing Technical Services Specialist or Program Officer

Date _____