

**MOBILE HOME REPLACEMENT PROGRAM
CHANGE ORDER**

APPLICANT:

First Name MI Last Name

PROPERTY:

Property Street

Property City Property State Property Zip

CONTRACTOR:

Contractor Name

COMMUNITY ACTION AGENCY (CAA):

CAA Name

CAA Technician:

Technician Name: _____

Technician Telephone: _____

Technician Email: _____

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 |
| CAA Technician Signature | Date |
| MaineHousing Technical Services Specialist or Program Officer | Date |