



MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (N261)

RELOCATION AMOUNT CHANGE ORDER

APPLICANT (OWNER):

CO-APPLICANT (CO-OWNER):

Entity or Owner First Name MI Last Name

Entity or Owner 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 Phone:

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