



MAINE STATE LEAD PAINT HAZARD ABATEMENT PROGRAM (N261)

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

CONTRACTOR:

Contractor Name

CONTRACT AMOUNT: \$

CONTRACT DATE:

Table with 3 columns: Item Number*, Description of Change, Cost Change. Includes a row for 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

Lead Designer/Risk Assessor Signature

Date

CAA Technician Signature

Date

MaineHousing Program Officer

APPROVED

Date

MaineHousing Rehab Specialist

DENIED