

**HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
RELOCATION AMOUNT CHANGE ORDER**

Agency (CAA): _____ Technician Name: _____
 _____ Technician Phone: _____
 _____ Technician Email: _____

Applicant (Owner): _____	Co-Applicant: _____
Property: _____ _____	

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 *Construction Contract*, and the parties have hereto set their signatures:

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

MAINEHOUSING USE ONLY		
_____ MaineHousing Program Officer	<input type="checkbox"/> APPROVED	Date _____
_____ MaineHousing Rehab Specialist	<input type="checkbox"/> DENIED	