

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

**CHANGE ORDER**

**APPLICANT (OWNER):**

\_\_\_\_\_  
Company Name (if applicable)

\_\_\_\_\_  
First Name      MI      Last Name

**PROPERTY:**

\_\_\_\_\_  
Property Street

\_\_\_\_\_  
Property City                  Property State      Property Zip

**CONTRACT AMOUNT:**    \$ \_\_\_\_\_

**CO-APPLICANT (CO-OWNER):**

\_\_\_\_\_  
Company Name (if applicable)

\_\_\_\_\_  
First Name      MI      Last Name

**COMMUNITY ACTION AGENCY (CAA):**

\_\_\_\_\_  
CAA Name

**CONTRACTOR:**

\_\_\_\_\_  
Contractor Name

**CONTRACT DATE:**    \_\_\_\_\_

Item Number*	Description of Change	Cost Change
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL AMOUNT REQUESTED</b>		<b>\$</b>

**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	<input type="checkbox"/> <b>APPROVED</b> Date _____ <input type="checkbox"/> <b>DENIED</b>
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