

CHANGE ORDER

DATE: _____

CHANGE ORDER NUMBER: _____

TO: *(Contractor)*

FROM: *(Homeowner)*

PROPERTY ADDRESS: _____

DESCRIPTION OF CHANGES:

The original Contract sum was \$ _____

Net change by previous Change Orders \$ _____

The Contract Sum prior to this Change Order was \$ _____

The Contract Sum will be increased/decreased by this Change Order \$ _____

The new Contract Sum, including this Change Order, will be \$ _____

The Contract Time will be extended _____ by _____ days.

SUBMITTED BY: _____

Acknowledgment of Funds Available: _____

REHAB COORDINATOR

PROGRAM ADMINISTRATOR

AGREED TO BY: _____

APPROVED BY: _____

CONTRACTOR DATE

HOMEOWNER DATE

* NOTE: By signing this document both the Homeowner and Contractor understand that this Change Order constitutes an amendment to the original contract amount and work to be performed.