

Client # _____

CHANGE ORDER # _____

Homeowner: _____

Contractor _____

Property Address: _____

Rehabilitation Contract Dated _____

The following change(s) is/are authorized to the above identified Rehabilitation Contract:

Item	Original Cost	Description of Change	Increase/ Decrease Cost	Reason for Change
TOTAL				

Initial Contract Amount \$ _____

Plus Previously Approved Change Orders \$ _____

Plus Change Order Requested \$ _____

Total New Contract Amount \$ _____

Signed: _____
Homeowner

Date

Contractor

Date

Construction Advisor

Date