**TxCDBG Housing Rehabilitation**

**Change Order Request Approval Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Grant Recipient: |  | TxCDBG Contract No.: |  |
|  |  |  |  |
| Homeowner Name: |  | Construction Contractor Name: |  |
| Property Address: |  | Rehabilitation Contract Date: |  |
| City: |  |  |  |

The following change(s) is/are requested for approval to the above-identified contract:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Unit Price** | **Description of Change** | **Increase/Decrease Cost** | **Reason(s) for Change** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Cumulative % Change in Contract Price | | |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Homeowner Signature |  | Date |
|  |  |  |
|  |  |  |
| Construction Contractor Signature |  | Date |
|  |  |  |
|  |  |  |
| Grant Recipient Signature |  | Date |
|  |  |  |
|  |  |  |
| Housing Rehabilitation Inspector Signature |  | Date |
|  |  |  |
|  |  |  |
| Administrative Consultant Signature |  | Date |

FOR TXCDBG OFFICE USE ONLY:

|  |  |  |  |
| --- | --- | --- | --- |
| Approved By |  |  | Date |
|  |  |  |  |
| Title |  |  |  |
|  |  |  |  |
| Disapproved By: |  |  | Date |
|  |  |  |  |
| Title: |  |  |  |