



CITY OF SAN JOSÉ, CALIFORNIA

200 E. Santa Clara Street, HOUSING
SAN JOSÉ, CALIFORNIA 95113
TELEPHONE (408) 975-4464
FAX (408) 292-6202

DEPARTMENT OF HOUSING

CHANGE ORDER

Change Order No. _____ Contractor _____
Property Owner _____ Rehab. Insp. _____
Property Address _____ Project No. _____
Date of Agreement _____ Ch.Or. Date _____

ADDITIONS/DELETIONS TO AGREEMENT

Contract Amount \$_____ This Change \$_____ New Contract \$_____
Original Completion Date _____ Days for Change _____ New Completion Date _____
This Change Order: ___ From Loan ___ Credit Loan ___ From Homeowner's Funds _____
This Occupants are: ___ Not Relocated ___ Relocated Additional Time Needed: _____ days

CHANGES IN THE WORK

AUTHORIZATION – All signatures must be obtained before changes in work may proceed.

Owner: _____ Date _____
Contractor: _____ Date _____

OFFICE USE ONLY

Loan Officer: _____ Date _____
Housing Rehab Inspector: _____ Date _____
Housing Rehab Supervisor: _____ Date _____

cc: Account Clerk