

TO: Director, Bureau of Housing Management
NYS Division of Housing and Community Renewal
25 Beaver Street, NY, NY 10004

DATE: _____

FROM: Housing Authority/Company _____ **DHCR #** _____

SUBJECT: CHANGE ORDER NO. _____ TO CONTRACT for _____

- INSTRUCTIONS:**
1. Submit original and one copy of this form to the Division for approval. Contractor and Housing Authority/Company each retain one copy.
 2. Two (2) copies of supporting documentation from the Contractor and the Consultant MUST be attached.

Contractor Name and Address: _____

Whereas, in connection with the above stated Contract, dated _____, the following is ordered: Provide, substitute or omit all necessary labor, material, equipment and other incidental items required to

as directed and in accordance with Section 7 of General Conditions in the Standard Short Form of Contract and all other applicable provisions of the Contract Documents. If Short Form Contract is not used, delete the underlined words above. The above change (has been) (will be) performed in accordance with instructions issued during the course of the work and as described in the attached breakdown, if any. Such breakdown will be part of this Change Order. An equitable adjustment of the contract price is established as follows:

THE CONTRACT PRICE IS NOT CHANGED INCREASED BY DECREASED BY \$ _____.

THE RESULTING TOTAL CONTRACT PRICE IS NOW \$ _____.

The conditions herein referred to are accepted as follows: The aforementioned change, and work affected thereby, are subject to all contract stipulations and covenants; the rights of the Housing Authority/Company are not prejudiced; all claims against the Housing Authority/Company which are incidental to or as a consequence of the aforementioned change are satisfied.

Signature: _____ **Name/Title:** _____ **Date:** _____
(For Housing Authority/Company) (please print)

Signature: _____ **Name/Title:** _____ **Date:** _____
(For Contractor) (please print)

(FOR DHCR USE ONLY)

Date: _____

Change Order No. _____ is approved, subject to comments below.

DISAPPROVED for the following reasons:

DATE STAMP

Reviewed by: _____ **Title:** _____

Approved by: _____ **Title:** _____

Circle Distribution: H. C. Pres., M.G.P., Man. Agt., H.A. Chairperson, Exec. Dir.,
MGMT, A&E, File