

HUD Lead Hazard Reduction Program Change Order Form (H-149)

Modified before clearance: ☐ Yes ☐ No

Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Owner's Name: _____

Contractor's Name: _____

Inspector Verification by: _____

Change Description: ☐ Additional Work ☐ Deletion ☐ Modified

HISTORICAL	<u>Brief Description</u>	<u>Location of Work</u>	<u>Price</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Cost to Contractor: *Total approximate hours of work and materials*

Reviewed by: _____

Disposition: ☐ Allowed ☐ Rejected

Total Cost: \$ _____

Reason for rejection/modification: _____

