Schedule of Change Orders

HUD-51002

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0025
(exp. 4/30/2001)

Print Form

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collecton displays a valid OMB control number.

This information is collected under the authority of Section 6(c) of the U.S Housing Act of I937 and HUD regulations. HAs are responsible for contract administration to ensure that the work for project development is done in accordance with State laws and HUD requirements. The contractor/subcontractor reports provide details and summaries on payments, change orders, and schedule of materials stored for the project The information will be used to ensure that the total development costs, identified in the ACC, are kept as low as possible and consistent with HUD construction requirements. Responses to the collection are necessary to obtain a benefit. The information requested does not lend itself to confidentiality.

Instructions: Contractors use this form for reporting the details of approved Change Orders. Attach an original (or a opy) to each copy of the Periodic Estimate for Partial Payment (form HUD-51001) submission, and send to the Public Housing Agency. Complete all entries. Only Change Orders which bear the signatures required by the contract are to be recorded.

Name of Public Housing Authority	Supporting Periodic Estimate for Partial Payment Number	Period
ROCHESTER HOUSING AUTHORITY		Last Payment Request / Today's Date

Location of Project	Project Number

Name of Contractor	Work Order Number

Approved Change Orders		**Additions**		or **Deductions**
Change Order Number (1)	Dated (MM/DD/YY) (2)	Total Amount of Change Order **Added** to OriginalContract Amount (3)	Value of Work Completed to Date (4)	Total Amount of Change Order **Deducted** from Orignal Contract Amount (5)
	Totals	(for HUD-51001 # 2)	(for HUD-51001 # 6)	(for HUD-51001 #'s 3 and 7)

Property Rehab Specialist _____ Date _____

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)