

CHANGE FORM
West Central Association of REALTORS®

Date: _____ MLS # _____

Address: St #: _____ St. Dir: _____ Street Name: _____

City: _____ Zip Code: _____

Agency: _____ Agent: _____

Submitted By: _____ (Signature of Realtor® or Authorized Agent)

-
- | | | |
|--|---|--|
| <input type="checkbox"/> STATUS/PRICE | <input type="checkbox"/> Active | <input type="checkbox"/> Pending & Date ____/____/____ |
| CHANGE: | <input type="checkbox"/> Backups Wanted | <input type="checkbox"/> Price to: _____ |
| | <input type="checkbox"/> Closed – See SOLD information | <input type="checkbox"/> Tmp Off Market |
| | <input type="checkbox"/> Extended to ____/____/____ | <input type="checkbox"/> Withdrawn on ____/____/____ |
-

CLOSED: The following information must be completed on **Closed** listings.

LIST DATE: ____/____/____ PENDING DATE: ____/____/____

CLOSING DATE: ____/____/____ SOLD PRICE: _____

- Sold by: Assumption Cash Cash to New Mortgage Conventional FHA FmHA
 Land Contract Lease Option Other Owner Financing PPM VA
 Comments _____

Seller's Concessions? _____

Selling Agent: _____

Selling Office: _____

.....

OTHER CHANGES: Use this space to make any changes not covered above.

Change: _____

_____ Effective Date: ____/____/____

.....

Owner: _____ Date: ____/____/____

Owner: _____ Date: ____/____/____

REALTOR®: _____ Date: ____/____/____