



Multiple Listing Service for Northeastern Michigan Board Of Realtors® CHANGE FORM

*Date: _____ * MLS #: _____ Add/Change Photo

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

*City: _____ Zip Code: _____

*Company: _____ Agent: _____

*Submitted By: _____ (Signature of Realtor® or Authorized Agent) Change Price to _____

CHANGES TO THE PRICE OR EXPIRATION DATE REQUIRE THE SELLER'S SIGNATURE OR COPY OF THE AUTHORIZATION FORM

Check here if Listing was Sold, Expired or Withdrawn and you wish to return it to Active.

* STATUS CHANGE: (Check One)

<input type="checkbox"/> 10. ACT	Active	<input type="checkbox"/> 50. WDN	Withdrawn
<input type="checkbox"/> 11. ARC	Active U/C Release Clause		
<input type="checkbox"/> 12. DNS	Active U/C Do Not Show		
<input type="checkbox"/> 13. ATB	Active U/C Take Back Up		
<input type="checkbox"/> 14. EXT	Extension		
<input type="checkbox"/> 16. BOM	Back on Market		

* New Expiration Date: ___/___/___

SOLD The following information must be completed on Solds. If the listing is not currently in the computers, complete and attach the Property Data Form. (Listing date should be date property was first placed on market for sale.)

<p><input type="checkbox"/> * SOLD STATUS (Check One)</p> <p><input type="checkbox"/> 20. SLD Sold In House</p> <p><input type="checkbox"/> 21. COP Sold-CO-OP By Member</p> <p><input type="checkbox"/> 22. SCO Sold-CO-OP Non Member</p> <p><input type="checkbox"/> 23. OTH Other</p>	<p><input type="checkbox"/> * HOW SOLD (Check One)</p> <p><input type="checkbox"/> 1. OTH Other</p> <p><input type="checkbox"/> 2. CNV Conventional</p> <p><input type="checkbox"/> 3. FHA FHA</p> <p><input type="checkbox"/> 4. VA VA</p> <p><input type="checkbox"/> 5. ASM Assumption</p> <p><input type="checkbox"/> 6. CSH Cash</p> <p><input type="checkbox"/> 7. CFD Contract For Deed</p>
--	--

<input type="checkbox"/> 8. LC Land Contract	<input type="checkbox"/> 9. PRV Private	<input type="checkbox"/> 10. LSE Lease Purchase
--	---	---

* Contract Date: ___/___/___ (Date Sales Contract is Accepted)

* Closing Date: ___/___/___

* Sold Price: \$ _____

* Selling Agent: _____ (10)

* Selling Office: _____ (10)

Second Selling Agent: _____ (10)

Buyers Name: _____ (10)

Place Of Financing: _____ (10)

Sold Remarks/Concessions: _____ (50)

OTHER CHANGES: Use this space to make any changes not covered above. List the field name to be changed and the correct info.

Field Name	Change to	Change Date
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___

* Type of Ownership: Bank Owned Bankruptcy Corporation Estate Partnership Private Relocation

* Auction Property: Yes No

* Short Sale: Yes No

Seller's Signature: _____ Date: ___/___/___

Seller's Signature: _____ Date: ___/___/___

Realtor Signature: _____ Date: ___/___/___

Broker Signature: _____ Date: ___/___/___



**Multiple Listing Service for
Northeastern Michigan Board Of Realtors®
CHANGE FORM**

All fields Marked with an Asterisk () are Required*

Revision Date 10-27-08