



MLS STATUS CHANGE/CORRECTION FORM

Instructions:

- **Email:** Complete, save, and email the form to membership@wsgvar.com
- **Mail:** Complete, print, mail the form to **WSGVR – 1039 E. Valley Blvd. #205B, San Gabriel, CA 91776**
- **Fax:** Complete, print, fax the form to WSGVR at **626-288-7658**

Listing #: _____ **Listing Date:** _____ **Property Type:** _____

Property Address: _____ **Expiration Date:** _____

Office Name: _____ **Agent Name:** _____ **Agent Public ID#: W** _____

(CHECK ONE) ☐ **PENDING** ☐ **ACTIVE UNDER CONTRACT**

Pending Date: _____

Purchase Contract Date: _____

Estimated COE Date: _____

Estimated Close Price: _____

Estimated Financing Type: _____

Estimated Concessions Amount: _____

Estimated Concessions Comments: _____

Buyer's Agent ID#: _____

Buyer's Agent Name: _____

Buyer's Agent DRE #: _____

Office Name: _____

SOLD

Purchase Contract Date: _____

Close Date: _____

Close Price: _____

Financing Type: _____

Concessions Amount: _____

Concessions Comments: _____

Buyer's Agent ID#: _____

Buyer's Agent Name: _____

Buyer's Agent DRE #: _____

Office Name: _____

LEASED

Close/Lease Date: _____

Lease Signed

Close/Lease Price: _____

Buyer's Agent ID#: _____

Buyer's Agent Name: _____

Buyer's Agent DRE #: _____

Office Name: _____

OTHER STATUS CHANGE (CHECK ONE)

☐ **Active/Back on Market**

Withdrawn

☐ **Change Price to \$** _____

☐ **Expiration Date:** _____

☐ **Extend Expiration Date:** _____

☐ **Hold | Activation Date:** _____

(Activation Date = estimated date of when the listing is expected to go back to Active)

CO-BUYER DETAILS:

Co-Buyer's Agent DRE or ID#: _____

Co-Buyer's Agent Name: _____

Co-Buyer's Office Name: _____

ADDITIONAL CHANGES:

Listing Agent or Broker Signature: _____ **Date:** _____

Note: CRMLS can ask for documentation and/or additional documentations at any time for changes made.