ARCADIA ASSOCIATION OF REALTORS®

CRMLS STATUS CHANGE FORM

601 S. First Ave Arcadia CA 91006 626.446.2115

*** REQUIRED INFORMATION**

***Date:** _____/ _____/ 20____ *** Public ID A**_____ **Office Code**_____

LISTING INFORMATION

*** *Listing # AR*** _____ **Original Listing Date:* _____/_____/_____

*** ADDRESS:** _____

*** STATUS CHANGE**

☐ **Listing Price $** _____ ☐ **Extend Expire Date** _____/ _____/ _____

☐ **ACTIVE (A)** ☐ **HOLD (H)** ☐ **WITHDRAWN (W)** ☐ **CANCELLED (K)** ☐ **PENDING (P)**

☐ **ACTIVE UNDER CONTRACT (U)** ☐ **SOLD (S) or LEASED (L)**

Complete the following if you checked - Active Under Contract (U) - Pending (P) - Sold (S) - Leased (L)

*Date Escrow Opened: _____/_____/_____ *Date Escrow Closed: _____/_____/_____

*Selling Price: $ _____ * *Concession Amt. $*_____ * *Concession Remarks:* _____

***Buyer Agent Name**: _____ *Public ID: _____

***Buyer Agent DRE. Lic. #** _____ Buying Office Name _____

*FINANCING TERMS:

☐ *CONVENTIONAL* ☐ *CAL. VETERANS* ☐ *LAND CONTRACT SALE* ☐ *PRIVATE*

☐ *CASH* ☐ *OWNER CARRY BACK* ☐ *ASSUMED* ☐ *VETERAN'S ADMIN*

☐ *FED. HOUSING ADMIN.* ☐ *ALL INCLUSIVE TRUST DEED* ☐ *OTHER*

OTHER CHANGES or COMMENTS: _____

_____

_____

OWNER'S SIGNATURE: _____ **(OPTIONAL) DATE:** _____/_____/_____

***AGENT'S SIGNATURE:** _____ **DATE:** _____/_____/_____

***Print Name:** _____

BROKER'S SIGNATURE: _____ **DATE:** _____/_____/_____

****(Only for Request of Cancellation of Lisitng - Broker Signature is Required)**

Print Name: _____

Email to: CRMLSCompliance@TheAAR.com

*Revised Jan. 2021